The purpose of the incident form is to capture and report the incident with the initial available information. This will be followed up by the relevant department / individual within the organisation.

### SECTION A: GENERAL INCIDENT DETAILS

<table>
<thead>
<tr>
<th>Date of incident</th>
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<td>Time of incident</td>
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**Description of incident:**

A brief and factual description of the incident.

### SECTION B: CRASH/COLLISION DETAILS

- **How many vehicles were involved?**
- **How many people were involved?**
  - **(Includes drivers, passengers and/or pedestrians)**

**Weather conditions**

- Rain, sun, snow, cloud, fog, etc.

**Other factors**

Other relevant factors.

**Did this involve...?**

- **Road/Land**
- **Air**
- **Water**

**Road conditions**

- E.g. Pavement, ice, pothole, etc.

**Road type**

- E.g. Motorway, regional road, national road, etc.

### SECTION C: VEHICLE 1 DETAILS

- **Type of vehicle involved...**
  - State vehicle
  - 3rd party vehicle

**Registration No.**

**Type of vehicle**

**Site on impact**

**Estimate of damage**

**Propose of journey**

- The purpose of journey being undertaken.

**Driver name**

**Injury**

- E.g. Fracture, sprain, stress, laceration, etc.

**Qualification**

- The level of driver qualification of the driver.

**Name of vehicle owner**

- (If different to driver)

### SECTION D: PASSENGER DETAILS VEHICLE 1

- **Name**

**Injury**

- E.g. Fracture, sprain, stress, laceration, etc.

**Name**

**Injury**

- E.g. Fracture, sprain, stress, laceration, etc.

**Name**

**Injury**

- E.g. Fracture, sprain, stress, laceration, etc.

**Additional passenger information... (If any)**

- Additional details or information about passengers involved in the incident.
### SECTION C: VEHICLE 2 DETAILS

- **Type of vehicle involved...**
  - State vehicle
  - 3rd party vehicle

- **Registration no.**

- **Type of vehicle**

- **Site on impact**
  - A. Rear, side, front

- **Estimate of damage**
  - Estimate of the repair/

- **Propose of journey**
  - The purpose of journey being undertaken

- **Driver name**

- **Injury**
  - E.g. Fracture, sprain, stress, laceration, swelling, bruising

- **Qualification**
  - The level of driver qualification of the driver

- **Name of vehicle owner**
  - (If different to driver)

### SECTION D: PASSENGER DETAILS VEHICLE 2

- **Name**

- **Injury**
  - E.g. Fracture, sprain, stress, laceration

- **Name**

- **Injury**
  - E.g. Fracture, sprain, stress, laceration

- **Name**

- **Injury**
  - E.g. Fracture, sprain, stress, laceration

- **Additional passenger information... (If any)**

- **Name**

- **Injury**
  - E.g. Fracture, sprain, stress, laceration

- **Name**

- **Injury**
  - E.g. Fracture, sprain, stress, laceration

- **Name**

- **Injury**
  - E.g. Fracture, sprain, stress, laceration

- **Additional passenger information... (If any)**
SECTION E: PEDESTRIAN DETAILS

Name

Injury

Other pedestrian involved details... (if any)

SECTION G: PROPERTY DAMAGE (NON VEHICLE)

Name of property owner

Type of property

Estimated damage

Other property damage details... (if any)

SECTION H: REPORTED BY: person who discovers the incident and unless otherwise stated within the organisation, this person is responsible for completing the NIRF.

First name

Surname

Date notified D D M M Y Y Y Y

Category of person e.g. Nurse, Catering Staff, Cleaner

Local system reference no.

SECTION I: IMMEDIATE ACTION TAKEN


SECTION J: OPEN DISCLOSURE DETAILS

Was open disclosure required?

Yes  No

Date of open disclosure D D M M Y Y Y Y

Time of open disclosure H H M M Use 24 hour clock

Any additional open disclosure details:

Use 24 hour clock
### SECTION K: WITNESS DETAILS (Name, contact no. etc.)

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### SECTION L: 3RD PARTY CONTACT DETAILS

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### Section M: SIGNATURES

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<th>Reporters Signature</th>
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<th>Line Managers Signature (where required)</th>
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