

HC NIRF 02 – V01 Date issued: April 2015

NATIONAL INCIDENT REPORT FORM (NIRF) NIRF - 02 CRASH/COLLISION

NIMS record no.:

The purpose of the incident form is to conture 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	SECTION C: VEHICLE 1 DETAILS
Time of incident D D M M Y Y Y Y Y Y	Type of vehicle involved State vehicle 3 rd party vehicle
ocation to e.g. Ward in Hospital, Room in Health Centreetc. Offsite Onsite	Registration No.
Description of incident: Description should be brief and factual.	Type of vehicle e.g. Car, bus, bicycle, boat, ambulance
	Impact to vehicle e.g. Rear, side, front
	Estimate of damage An estimate of the repair/ replacement costs at the time of reporting
	Purpose of journey (If State vehicle) The purpose of journey being undertaken at the time of the crash/collision.
	Driver name
	Injury e.g. Fracture, sprain, stress, laceration, swelling, bruising
	Qualification (If State vehicle) The level of driver qualification of the driver of the vehicle.
	Name of vehicle owner (If different to driver)
SECTION B: CRASH/COLLISION DETAILS	SECTION D: PASSENGER DETAILS VEHICLE 1
How many vehicles were involved	Name
How many people were involved (Includes drivers, passengers and/or pedestrians)	Injury e.g. Fracture, sprain, stress, laceration, swelling, bruising
Weather conditions e.g. Rain, dry, sunny, cloudy	Name
Other factors This allows you to identify other factors (if any) that contributed to the crash/collision.	Injury e.g. Fracture, sprain, stress, laceration, swelling, bruising
Did this involve (Tick one only) Road/Land	Name
Air	Injury e.g. Fracture, sprain, stress, laceration, swelling, bruising
Water	Additional passenger information (If any)
Road conditions e.g. Flooded, icy, rough terrain	
Road type e.g. Motorway, Regional Road, National Road, Local Road, Car Park	



SECTION C: VEHI	CLE 2 DETAILS	SECTION C: VEH	IICLE 3 DETAILS
Type of vehicle involved State vehicle 3 rd party vehicle		Type of vehicle involved State vehicle 3 rd party vehicle	
Registration no.		Registration no.	
Type of vehicle	e.g. Car, bus, bicycle, boat, ambulance	Type of vehicle	e.g. Car, bus, bicycle, boat, ambulance
Impact to vehicle	e.g. Rear, side, front	Impact to vehicle	e.g. Rear, side, front
Estimate of damage	An estimate of the repair/ replacement costs at the time of reporting	Estimate of damage	An estimate of the repair/ replacement costs at the time of reporting
Purpose of journey (If State vehicle)	The purpose of journey being undertaken at the time of the crash/collision.	Purpose of journey (If State vehicle)	The purpose of journey being undertaken at the time of the crash/collision.
Driver name		Driver name	
Injury	e.g. Fracture, sprain, stress, laceration, swelling, bruising	Injury	e.g. Fracture, sprain, stress, laceration, swelling, bruising
Qualification (If State vehicle)	The level of driver qualification of the driver of the vehicle.	Qualification (If State vehicle)	The level of driver qualification of the driver of the vehicle.
Name of vehicle owner (If different to driver)		Name of vehicle owner (If different to driver)	
	SENGER DETAILS VEHICLE 2		ASSENGER DETAILS VEHICLE 3
Injury	e.g. Fracture, sprain, stress, laceration, swelling, bruising	Injury	e.g. Fracture, sprain, stress, laceration, swelling, bruising
Name		Name	
Injury	e.g. Fracture, sprain, stress, laceration, swelling, bruising	Injury	e.g. Fracture, sprain, stress, laceration, swelling, bruising
Name		Name	
Injury	e.g. Fracture, sprain, stress, laceration, swelling, bruising	Injury	e.g. Fracture, sprain, stress, laceration, swelling, bruising
Additional passenger in	iormation (If any)	Additional passenger in	nformation (If any)



SECTION E: PEDESTRIAN DETAILS	SECTION F: SKETCH CRASH/COLLISION
Name	
lnjury e.g. Fracture, sprain, stress, laceration, swelling, bruising	
Other pedestrian involved details (If any)	
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SECTION G: PROPERTY DAMAGE (NON VEHICLE)	
Name of property owner	
Type of property e.g. Wall, gate, pillar	
Estimated damage This is an estimate of the repair/ replacement costs at the time of reporting	
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.	SECTION I: IMMEDIATE ACTION TAKEN
First name	
Surname	
Date notified D D M M Y Y Y Y	
Category of person	
Local system reference no.	
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:	-



SECTION K: WITNESS DETAILS (Name, contact no. etc.)	
SECTION L: 3RD PARTY CONTACT DETAILS	
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Section M: SIGNATURES	
Reporters Signature	Date D D M M Y Y Y Y
Title	Date
Line Managers Signature	
(where required) Title	Date D D M M Y Y Y

