

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 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	SECTION C: VEHICLE 1 DETAILS
Date of incident D D M M Y Y Y Y ime of incident H H M M Use 24 hour clock The parent location the party involved was attached to e.g. Ward in Hospital, Room in Health Centre etc.	Type of vehicle involved State vehicle 3 rd party vehicle
Offsite Onsite	Registration No.
Description of incident: Description should be brief and factual.	Type of vehicle
	Site on impact
	Estimate of damage An estimate of the repair/
	Propose of journey (If State vehicle) The purpose of journey being undertaken
	Driver name
	Injury e.g. Fracture, sprain, stress, laceration,
	Qualification (If State 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,
Weather conditions and day supply cloudy	Name
Other factors This allows you to identify other factors (if	Injury e.g. Fracture, sprain, stress, laceration,
Did this involve (Tick one only) Road/Land	Name
Air	Injury e.g. Fracture, sprain, stress, laceration,
Water	Additional passenger information (If any)
Road conditions	
Road type	



Type of vehicle involved State vehicle		Type of vehicle involved State vehicle	
3 rd party vehicle		3 rd party vehicle	
Registration no.		Registration no.	
Type of vehicle	e.g. Car, bus, bicycle, boot, ambulance	Type of vehicle	e.g. Car, bus, bicycle, boat, ambulance
Site on impact	e.g. Rear, side, front	Site on impact	e.g. Rear, side, front
Estimate of damage	An estimate of the repair/	Estimate of damage	An estimate of the repair/
Propose of journey (If State vehicle)	The purpose of journey being undertaken	Propose of journey (If State vehicle)	The purpose of Journey being undertaken
Driver name		Driver name	
Injury	e.g. Fracture, sprain, stress, laceration,	Injury	e.g. Fracture, sprain, stress, laceration,
Qualification (If State vehicle)	The level of driver qualification of the driver	Qualification (If State vehicle)	The level of driver qualification of the driver
Name of vehicle owner (If different to driver)		Name of vehicle owner (If different to driver)	
SECTION D: PAS	SENGER DETAILS VEHICLE 2	SECTION D: PA	ASSENGER DETAILS VEHICLE 3
Name		Name	
Injury	e.g. Fracture, sprain, stress, laceration,	Injury	e.g. Fracture, sprain, stress, laceration,
Name		Name	
Injury	e.g. Fracture, sprain, stress, laceration,	Injury	e.g. Fracture, sprain, stress, laceration,
Name _		Name	
Injury	e.g. Fracture, sprain, stress, laceration,	Injury	e.g. Fracture, sprain, stress, laceration,
Additional passenger inf	formation (If any)	Additional passenger in	oformation (If any)

SECTION C: VEHICLE 3 DETAILS



SECTION C: VEHICLE 2 DETAILS

SECTION E: F	PEDESTRIAN DETAILS	SECTION F: SKETCH CRASH/COLLISION
Name		
Injury	e.g. Fracture, sprain, stress, laceration,	
Other pedestrian inv	olved details (If any)	
SECTION G: I	PROPERTY DAMAGE (NON VEHICLE)	
Name of property ow	ner	
Type of property	e.g. Wall, gate, pillar	
Estimated damage	This is an estimate of the repair/	
Other property dama	ge details (If any)	
	EPORTED BY: Person who discovers the incident and unless otherwise tion, 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 pers	on e.g. Nurse, Catering Staff, Cleaner	
Local system ref	erence no.	
SECT	ION J: OPEN DISCLOSURE DETAILS	
Was open disclosure		
Yes) No	
Date of open disclosu	rre DDMMYYYY	-
Time of open disclosu	re 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		
Section M: SIGNATURES	Date D D M M Y Y Y	
Reporters Signature Title	Date	
Line Managers Signature (where required)	Date D D M M Y Y Y Y	
Title		

