



Road Traffic Accident Report Form

Please send completed accident forms to SECamb Fleet Management & Maintenance Centre, The Horseshoe, Banstead, Surrey, SM7 2AS and Fax to: 01737 364549 Once faxed please pass form to Line Manager

Office use only

QBE Policy Number:

Insurer's Reference:

SECamb Reference:

Ops Code:

Accident Date:

Accident Time:

Accident Address

Road

Town

County

Post Code

Ambulance Vehicle Details

Fleet Number

Registration Number

Make

Model

Base

ODA

Lease Car:

Yes

No

Accident Details

Damage To Ambulance Vehicle

Speed of Ambulance Vehicle

MPH

In your Opinion were you:

Blameworthy

Non Blameworthy

Blameworthy Unknown

Type Of Accident

Collision

Other

(If other please describe below)

Collision With

Moving TP Vehicle

Stationary TP Vehicle

Moving SECamb Vehicle

Stationary SECamb Vehicle

Street Furniture

Cyclist

Pedestrian

Animal

Wall

Other

(If other please describe below)

Type Of Impact

Light

Medium

Heavy

Road Type

Motorway

Dual Carriageway

Major Road

Minor Road

Unmade Road

Car Park

Private Property

Ambulance Station

Hospital Grounds

Other

(If Other Please Describe Below)

Road Feature

Road Junction

Roundabout

Traffic Lights

Pedestrian Crossing

On a Bend

Other

(If other Please Describe Below)

Road Conditions

Dry

Wet

Snow Covered

Icy

Flooded

Muddy

Loose Sand / Gravel

Pot Holes

Under Repair

Other

(If other Please Describe Below)

Weather Conditions

Fine

Raining

Fog

Mist Patches

Snow

Sleet

Hail

Strong Winds

Other

(If other Please Describe Below)

Visibility

Dazzling Sunshine

Good

Poor

Very Poor

Other

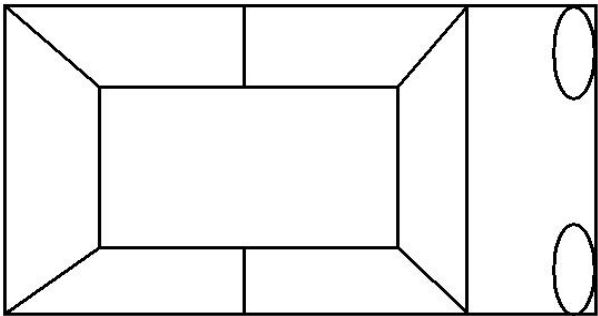
(If other Please Describe)

<u>Own Vehicle Lights</u>			
Sidelights Only	Headlights On	No Lights	
<u>Street Lights</u>			
Street Lights On	Street Lights Off		
<u>Ambulance Vehicle Manoeuvring</u> (Please select upto 2 boxes)			
Stationary	Slowing	Reversing	Moving Off
Turning Left	Turning Right	Proceeding Normally	
Changing Lanes	Overtaking	Performing a U-Turn	Taking Evasive Action
Out Of Control			
Manoeuvring at Hospital	Manoeuvring at Station	Manoeuvring Outside Patients Address	
Going Through Traffic Lights	Manoeuvring at Roundabout	Other	(If other Please Describe Below)
<u>Ambulance Journey Type</u>			
On Way To Emergency Call	At Scene Of Emergency	From Scene Of Emergency To Hospital	
Parked or Manoeuvring At Hospital, Day Centre, Nursing Home etc.	Returning To Base		
Transferring Patients Between Hospitals	Non Emergency Use	Patient Transport Service	Training
Service to & From Workshop / Garage	Manoeuvring / Parking at Ambulance Station		
Delivering Stores & Equipment	Other Journey	(If other Please Describe Below)	
<u>Special Indicators</u>			
Blue Lights Only	Sirens Only	Blue Lights & Sirens	Hazard Lights
No Special indicators			
<u>Driver Details</u>			
		Male	Female
Surname:	Forename:	Title:	
Job Title:	Base:	Contact No:	
Date of Birth:	Date Test Passed:	Shift Covering:	
Payroll No:	Driving Licence No:		
<u>Crew Details</u>			
		Male	Female
Surname:	Forename:	Title:	
Job Title:	Base:	Contact No:	
<u>Passengers</u>			
		Male	Female
Surname:	Forename:	Title:	
Address:			
			Contact No:
<u>Witnesses</u>			
		Male	Female
Surname:	Forename:	Title:	
Address:			
			Contact No:
<u>Witnesses</u>			
		Male	Female
Surname:	Forename:	Title:	
Address:			
			Contact No:
<u>Third Party Vehicle</u>			
Reg No:	Make:	Model:	Colour:
Approximate Speed:	Sidelights Only	Headlights On	No Lights
<u>Third Party Vehicle Manoeuvring</u> (Please select upto 2 boxes)			
Stationary	Slowing	Reversing	Moving Off
Turning Left	Turning Right	Proceeding Normally	
Changing Lanes	Overtaking	Performing a U-Turn	Taking Evasive Action
Out Of Control			
Manoeuvring at Hospital	Manoeuvring at Station	Manoeuvring Outside Patients Address	
Going Through Traffic Lights	Manoeuvring at Roundabout	Other	(If other Please Describe Below)
<u>Third Party Driver</u>			
		Male	Female
Surname:	Forename:	Title:	
Address:			
		Approx Age:	Contact No:
<u>Third Party Damage Type</u>			
Light	Medium	Heavy	

Please Use the space below to sketch out the scene of the incident, Please indicate road names, traffic signals, other vehicle positions and direction of travel.

Please Mark areas of impact / damage with a XXXXXX

Click on "X" and drag to picture to mark damage



X X X X X
X X X X X
X X X X X

This report was filled in by: Signature: _____ Date: _____

Name: _____ Position: _____

Manager's Investigation

Was the person involved in this incident authorised to be where they were ? Yes No

Was the person involved in this incident authorised to drive the vehicle under the conditions of use ? Yes No

Please State factually, what caused this incident:

What action is required to prevent recurrence?

In your opinion was the driver: Blameworthy Non Blameworthy Blameworthy Unknown

Could the driver have avoided this accident? Yes No

Driver to be counselled? Yes No

Driver to be re-assessed & retrained? Yes No

Further action to be taken? Yes No (if Yes please define below)

This management report was completed by:

Signature: _____

Date: _____

Name: _____

Position: _____