



Working together for a safer London

Form 207

Administration Use Only

Road Traffic Collision / Accident

(Personal Injury / Fail to Stop)

Self Reporting Scheme

If you wish to report a Personal Injury Collision / Accident:

Please answer Questions 1 or 2 or 3 as appropriate **AND** fully complete Sections 4 and 5 of this form.

You must sign and date declaration section 4.

When finished, please return the form to the Reception Staff / Volunteer.

If you wish to report a Damage Only Collision / Accident where the other Party has Failed to Stop, or has NOT exchanged names and addresses:

Please complete Section 4 **ONLY** of this form.

When finished, please return the form to the Reception Staff / Volunteer.

This form can be used to record details of two vehicles. If the accident involves three or more vehicles, please use another form and amend accordingly.

When completing this Self-Reporting Form, please provide as much information as possible.

All Personal Injury Collisions / Accidents require that the Accident Statistics pages at the end of this report must be completed.

These pages are essential and are used by the Department for Transport, Transport for London, London Accident Analysis Unit and the MPS Traffic Criminal Justice Unit for analysis purposes.

Divn:	DO/PI	Process	CAD:
Ref:		Ref:	

Road Traffic Collision / Accident Report

Please complete in black ink

Tick boxes as applicable

Question 1.

Do you (or the Person injured) have a Medical Certificate relating to the injuries?

If yes, please complete Section 1 AND Sections 4 and 5 of this form. If no, please go to Question 2.

Section 1

To be completed by person reporting if there is a medical certificate relating to the injuries sustained:

WITNESS STATEMENT

C.J. Act 1967, s.9 MC Act 1980, as 5A(3)(a) and 5B; MC Rules 1981, r70

Statement of:

Age if under 18: (if over 18 insert 'over 18')

Occupation:

This statement consisting of one (1) page each signed by me is true to the best of my knowledge and belief and I make it knowing that, if tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false, or do not believe to be true.

Dated:

Signature:

The collision occurred on (date) at (time)

at (location)

Please give name of Casualty 1: Date of Birth

Address: Telephone No:

Ethnicity (please see page 19 for details)

Index number of your vehicle (Vehicle 1)

Please give name of Casualty 2: Date of Birth

Address: Telephone No:

Ethnicity (please see page 19 for details)

Index number of other vehicle concerned (Vehicle 2)

What was the injury diagnosed as a result of this collision:

Casualty 1: Casualty 2:

Place of issue of medical certificate:

Casualty 1: Casualty 2:

Date of issue of medical certificate:

Casualty 1: Casualty 2:

Name of Doctor issuing certificate:

Casualty 1 detained in hospital: Yes No Which Hospital:

Casualty 2 detained in hospital: Yes No Which Hospital:

Signature Print name

Question 2.

Have you (or the Person injured) received medical treatment but there is no medical certificate?
If yes, please complete Section 2 AND Sections 4 and 5 of this form. If no, please go to Question 3.

Section 2

To be completed by person reporting if medical treatment has been received but there is no medical certificate relating to the injuries sustained.

WITNESS STATEMENT

C.J. Act 1967, s.9 MC Act 1980, as 5A(3)(a) and 5B; MC Rules 1981, r70

Statement of:

Age if under 18: (if over 18 insert 'over 18')

Occupation:

This statement consisting of one (1) page each signed by me is true to the best of my knowledge and belief and I make it knowing that, if tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false, or do not believe to be true.

Dated:

Signature:

The collision occurred on (date) at (time)

at (location)

Please give name of Casualty 1: Date of Birth

Address: Telephone No:

Ethnicity (please see page 19 for details)

Index number of your vehicle (Vehicle 1)

Please give name of Casualty 2: Date of Birth

Address: Telephone No:

Ethnicity (please see page 19 for details)

Index number of other vehicle concerned (Vehicle 2)

What was the injury diagnosed as a result of this collision:

Casualty 1: Casualty 2:

I fully declare that the above injured person(s) have received medical treatment as a result of this collision as follows:

Place of medical treatment:

Casualty 1: Casualty 2:

Date of medical treatment:

Casualty 1: Casualty 2:

Time of medical treatment:

Casualty 1: Casualty 2:

Casualty 1 detained in hospital: Yes No Which Hospital:

Casualty 2 detained in hospital: Yes No Which Hospital:

Signature Print name

Question 3.

Have you (or the Person involved) been injured but have not received medical treatment?

If yes, please complete Section 3 AND Sections 4 and 5 of this form.

Section 3

To be completed if the Injured Person has not received medical treatment and is unable to verify the injury:

WITNESS STATEMENT

C.J. Act 1967, s.9 MC Act 1980, as 5A(3)(a) and 5B; MC Rules 1981, r70

Statement of:

Age if under 18: (if over 18 insert 'over 18')

Occupation:

This statement consisting of one (1) page each signed by me is true to the best of my knowledge and belief and I make it knowing that, if tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false, or do not believe to be true.

Dated:

Signature:

The collision occurred on (date)..... at (time).....

at (location)

Please give name of Casualty 1: Date of Birth

Address: Telephone No:

Ethnicity (please see page 19 for details)

Index number of your vehicle (Vehicle 1)

Please give name of Casualty 2: Date of Birth

Address: Telephone No:

Ethnicity (please see page 19 for details)

Index number of other vehicle concerned (Vehicle 2)

What was the self-diagnosed injury as a result of this collision:

Casualty 1: Casualty 2:

Signature Print name

Section 4

To be completed in ALL cases

Once completed, please ensure that you have signed and dated your report at the bottom of page 7

WITNESS STATEMENT

C.J. Act 1967, s.9 MC Act 1980, as 5A(3)(a) and 5B; MC Rules 1981, r70

Statement of:

Age if under 18: (if over 18 insert 'over 18')

Occupation:

This statement consisting of four (4) pages signed by me is true to the best of my knowledge and belief and I make it knowing that, if tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false, or do not believe to be true.

Dated:

Signature:

A . Details of the Collision

Date of collision / accident:		Time:
Exact location of collision including junctions and post code:		
Surname:	First name:	
Title: (Mr./Mrs./Miss/Ms.)	Date of birth:	
Private Address:	Business Address:	
Post code:	Post code:	
Telephone No. (Home):	Telephone No.:	
Telephone No. (Mobile):	Email Address:	
Email Address:	Email Address:	

B. Details of your vehicle (Vehicle 1)

Make and Model:	Colour:
Registration Mark:	Plate No. (if cab):
Are you the owner of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you the driver of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'NO', please state name and address of the Registered Keeper and name and address of the driver:	
Details of damage to your vehicle / property:	

F. This section needs to be completed if the other driver(s) involved in the collision failed to stop and/or exchange particulars of Name, Address and Registration Mark.

How loud was the sound of the collision / accident? *Inaudible Clear Loud Very loud

Did the other driver stop at all? *YES NO

If 'YES', describe what he or she did, *e.g.*, sat in car, got out of car, stopped for a moment and then drove off, etc.

If 'NO', give reasons why you believe the other driver knew a collision had occurred, *e.g.*, by turning his / her head and accelerated away quickly, other vehicle sustained damage at the front, etc.

Was there any conversation between you and the other driver? *YES NO

Did you ask the other driver for his / her name and address? *YES NO

If 'YES', was it? *Supplied Refused Request ignored

Describe briefly the other driver involved, *i.e.*, sex, age, height, build, colour of eyes, hair, complexion and any other distinguishing features. Say whether you would be able to identify the other driver.

Was the driver of the other vehicle the sole occupant of the vehicle? *YES NO

Did police attend the scene while you were still there? *YES NO

If 'YES', had the vehicles been moved before police arrived? *YES NO

Was the registration mark of the other vehicle recorded by you at the time of the collision? *YES NO

If 'NO', provide the name and address of the person who recorded the registration mark of the other vehicle at the time of the collision / accident.

NB: The original note of the registration mark of the other vehicle is an important exhibit, it must be retained in a safe place and be kept for production at court if required.

Please note: Without the FULL registration mark, Police will be unable to investigate this matter further.

Court Declaration

Are you willing to attend court to give evidence in this case if necessary?

YES

NO

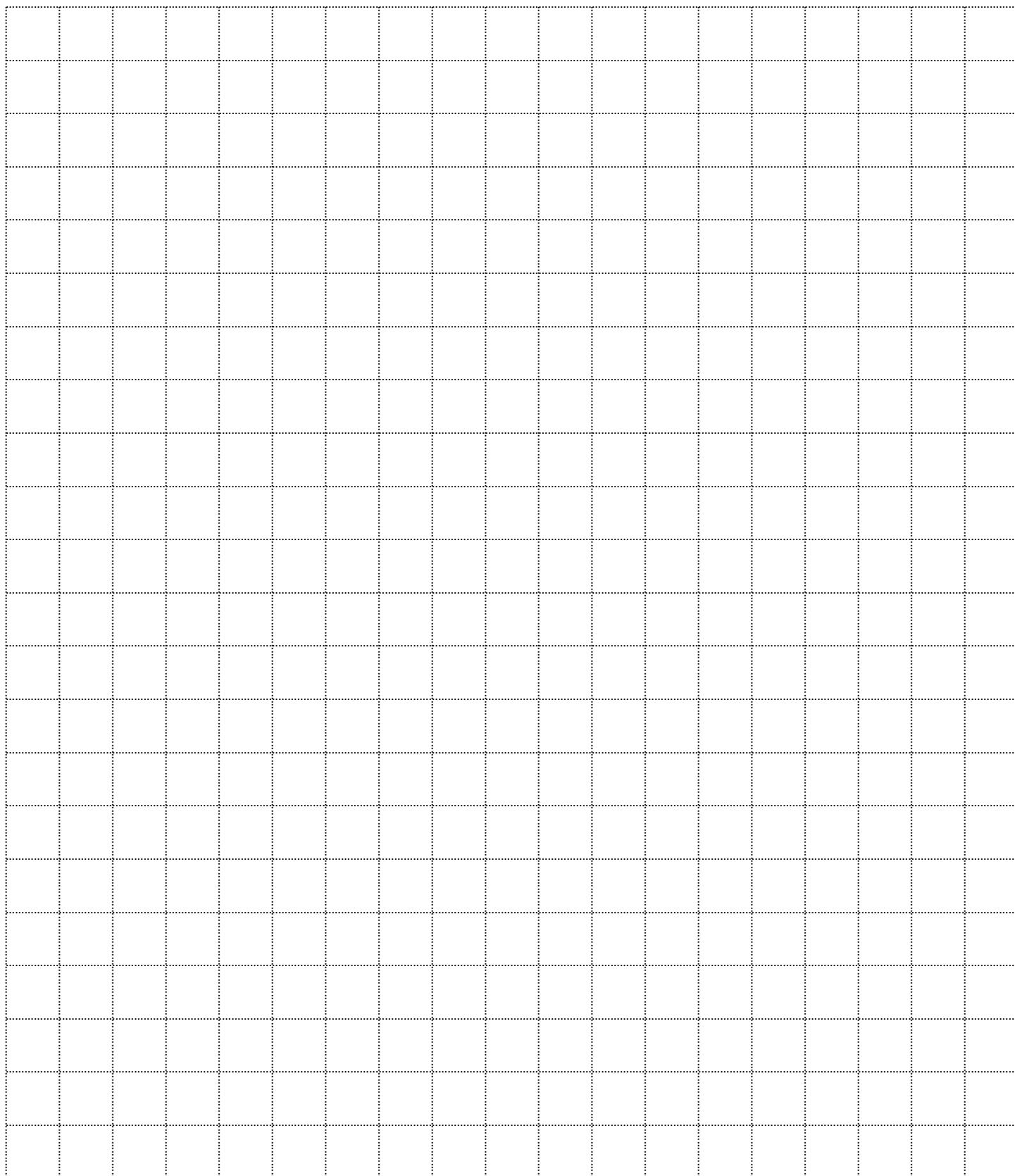
Are you reporting this collision for insurance purposes only?

YES

NO

G. Plan of Collision / Accident

Please draw a sketch of the collision / accident showing positions of vehicles 1 and 2, direction of travel, street names, road signs, crossings, bollards, etc. It would be helpful if you could indicate NORTH.

A large grid of dotted lines, intended for drawing a sketch of a collision or accident. The grid consists of 20 columns and 20 rows of squares, with dotted lines forming the boundaries of each square.

To be signed and dated by the person making this report

Signature..... Print Name..... Date.....

Section 5

Accident Statistics

This section of the form should only be completed for accidents or collisions where anyone was INJURED, including:

- drivers or riders
- passengers
- pedestrians
- cyclists

● Please use black ink

● Where the possible answers are listed, please mark X in the appropriate box. Please mark one box only per question, unless advised otherwise.

● Please complete ALL the questions. Even if a question does not appear to be relevant, you will find a 'NO' or NOT APPLICABLE' or DON'T KNOW box to mark in every case.

Privacy statement

The information given on this form, which does not include your identity, will be shared with local and national agencies for statistical and road safety purposes.

Information about the collision

1.14 Thinking about where the collision happened, what type of road is it?

Roundabout (including mini-roundabout, motorway gyratory system, etc)

One-way street (even if a contraflow bus lane or cycle lane present)

Motorway or Dual carriageway (opposing carriageways physically separated)

Single carriageway (ordinary two-lane road)

Slip road (dedicated to getting traffic from one road to another)

Not known

1.20a. Within 50 metres of where the collision took place, was there any pedestrian crossing place controlled by any authorised person?

NB. 50 metres is about half the length of a football pitch.

None within 50 metres

Uniform school crossing patrol ('lollipop' man or woman)

Controlled by Police Officer or Traffic Warden

Don't know

1.20b Was there any kind of pedestrian crossing facility within 50 metres of where the collision took place?

No pedestrian crossing facilities within 50 metres

Zebra crossing

Pelican, puffin, toucan or similar non-junction pedestrian light crossing

Traffic lights at junction with red / green man for pedestrians

Footbridge or subway

Central refuge / island for pedestrians, without any other controls or road markings

Don't know

1.15 SPEED LIMIT (M.P.H.):

1.16 If the collision took place at a road junction, or within 20 metres of a road junction, please say what type of junction it was

NOT at or within 20 metres of a road junction

Roundabout

Mini-roundabout

T-junction or staggered junction

Slip road entry or exit

Crossroads

Multiple junction where more than 4 roads meet

Private driveway or entrance
(only if being used at the time by a vehicle involved in the collision)

Other type of junction

Don't know

1.17 What type of traffic control was there at that junction?

Police Officer, Traffic Warden or other authorised person

Traffic lights

'Stop' sign

'Give Way' sign or no control at all

Don't know

1.22 What were the weather conditions at the time of the collision?

Please choose one phrase from the list below that best describes the weather conditions at the time.

Fine - no high winds

Raining or drizzling - no high winds

Snowing - no high winds

Fine with high winds

Raining or drizzling with high winds

Snowing with high winds

Fog or mist (if you consider it was a hazard)

Other weather

Don't know

1.23 What was the condition of the road surface where the collision took place?

Please select one only

- Dry
- Wet / Damp
- Snow
- Frost / Ice
- Flood (surface water over 3cm)
- Don't know

1.24 Were there any of the following problems at the scene of the collision (whether you feel they contributed to the collision, or not)?

- None
- Traffic lights (including pedestrian crossing lights) not working at all
- Traffic lights (including pedestrian crossing lights) not working properly
- Road signs or markings not properly visible
- Roadworks
- Road surface broken or defective, eg cracks, potholes
- Oil or diesel on the road
- Mud on the road
- Don't know

1.21 What were the light conditions at the time of the collision?

- Daylight street lights present
- Daylight no street lighting
- Daylight street lighting unknown
- Darkness street lights present and lit
- Darkness street lights present but unlit
- Darkness, no street lighting
- Darkness street lighting unknown

1.25 Was there anything unexpected or unusual in the carriageway at the time of the collision?

- None
- Dislodged vehicle load in carriageway
- Other object in carriageway
- Vehicles involved with a previous collision
- Pedestrian (**not** injured / not involved in collision)
- Animal/s (**not** ridden horse)
- Don't know

Information about vehicles involved

If only one vehicle was involved, please record your answers in the Vehicle 1 column / box for each question.

If two vehicles were involved, use the Vehicle 1 and Vehicle 2 boxes only.

Please use the Vehicle 1 box for your own vehicle.

If you were a PEDESTRIAN, please use the Vehicle 1 box for the vehicle that hit you.

2.28 Did any of the vehicles have foreign registration marks / number plates?

	Vehicle	
	1	2
Not foreign registered	<input type="checkbox"/>	<input type="checkbox"/>
Foreign vehicle left-hand drive	<input type="checkbox"/>	<input type="checkbox"/>
Foreign vehicle right-hand drive	<input type="checkbox"/>	<input type="checkbox"/>
Foreign two-wheeled vehicle	<input type="checkbox"/>	<input type="checkbox"/>

2.5 What type of vehicle was each one?

	Vehicle	
	1	2
Pedal cycle	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle 50cc or under	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle 51cc to 125cc	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle 126cc to 500cc	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle over 500cc	<input type="checkbox"/>	<input type="checkbox"/>
M/C unknown cc	<input type="checkbox"/>	<input type="checkbox"/>
Taxi / Private hire car	<input type="checkbox"/>	<input type="checkbox"/>
Car	<input type="checkbox"/>	<input type="checkbox"/>
Minibus (8 - 16 passenger seats)	<input type="checkbox"/>	<input type="checkbox"/>
Bus or coach (17 or more passenger seats)	<input type="checkbox"/>	<input type="checkbox"/>
Other motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Other non-motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Ridden horse	<input type="checkbox"/>	<input type="checkbox"/>
Agricultural vehicle (includes tractors, diggers etc)	<input type="checkbox"/>	<input type="checkbox"/>
Tram / Light rail	<input type="checkbox"/>	<input type="checkbox"/>
Goods vehicle (under 3.5 tonnes)	<input type="checkbox"/>	<input type="checkbox"/>
Goods vehicle (3.5 up to 7.4 tonnes)	<input type="checkbox"/>	<input type="checkbox"/>
Heavy goods vehicle / lorry (7.5 tonnes or more)	<input type="checkbox"/>	<input type="checkbox"/>
Goods vehicle unknown weight	<input type="checkbox"/>	<input type="checkbox"/>
Don't know vehicle type	<input type="checkbox"/>	<input type="checkbox"/>

2.6 Was the vehicle an articulated lorry, or was it towing anything?

	Vehicle	
	1	2
Not towing or articulated	<input type="checkbox"/>	<input type="checkbox"/>
Articulated lorry	<input type="checkbox"/>	<input type="checkbox"/>
Double or multiple trailers	<input type="checkbox"/>	<input type="checkbox"/>
Caravan	<input type="checkbox"/>	<input type="checkbox"/>
Single trailer	<input type="checkbox"/>	<input type="checkbox"/>
Other tow	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Information about drivers / riders of the vehicles involved

2.21 Was the driver / rider of the vehicle male or female?

	Vehicle	
	1	2
Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>
Don't know - eg driver / rider did not stop, or vehicle parked and unattended	<input type="checkbox"/>	<input type="checkbox"/>

2.24 Did the driver stop at the scene of the accident?

	<i>Vehicle</i>	
	1	2
Not hit and run	<input type="checkbox"/>	<input type="checkbox"/>
Hit and run	<input type="checkbox"/>	<input type="checkbox"/>
Non-stop vehicle not hit	<input type="checkbox"/>	<input type="checkbox"/>

2.29 At the time of the collision, do you know the purpose of each driver's / rider's journey?

	<i>Vehicle</i>	
	1	2
Journey as part of work, eg business trip, taxi-driver, etc	<input type="checkbox"/>	<input type="checkbox"/>
Commuting to or from usual place of work	<input type="checkbox"/>	<input type="checkbox"/>
Taking pupil/s to or from school	<input type="checkbox"/>	<input type="checkbox"/>
Pupil riding or driving self to or from school	<input type="checkbox"/>	<input type="checkbox"/>
Other / not known	<input type="checkbox"/>	<input type="checkbox"/>

2.10 Whereabouts was each vehicle in relation to any junction (check back to 1.16). When the collision took place?

	<i>Vehicle</i>	
	1	2
Not at, or within 20 metres of junction	<input type="checkbox"/>	<input type="checkbox"/>
Approaching junction, or waiting / parked at junction approach	<input type="checkbox"/>	<input type="checkbox"/>
Cleared junction or waiting / parked at junction exit	<input type="checkbox"/>	<input type="checkbox"/>
Leaving roundabout	<input type="checkbox"/>	<input type="checkbox"/>
Entering roundabout	<input type="checkbox"/>	<input type="checkbox"/>
Leaving main road	<input type="checkbox"/>	<input type="checkbox"/>
Entering main road from side road	<input type="checkbox"/>	<input type="checkbox"/>
Joining main carriageway from slip road	<input type="checkbox"/>	<input type="checkbox"/>
In middle of junction, on main road or roundabout	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Information about the movements of the vehicles involved in the collision

2.9 Whereabouts was each vehicle at the time of the collision?

	<i>Vehicle</i>	
	1	2
On main carriageway and not in restricted lane	<input type="checkbox"/>	<input type="checkbox"/>
Tram / Light Rail track	<input type="checkbox"/>	<input type="checkbox"/>
Bus lane	<input type="checkbox"/>	<input type="checkbox"/>
Busway (including guided busway)	<input type="checkbox"/>	<input type="checkbox"/>
Cycle lane	<input type="checkbox"/>	<input type="checkbox"/>
Cycleway or shared footway (not part of main carriageway)	<input type="checkbox"/>	<input type="checkbox"/>
On lay-by or hard shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Entering lay-by or hard shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Leaving lay-by or hard shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Footway / pavement	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

2.7 Immediately before the collision, which ONE of the following best describes the action of the vehicle?

	<i>Vehicle</i>	
	1	2
Reversing	<input type="checkbox"/>	<input type="checkbox"/>
Parked	<input type="checkbox"/>	<input type="checkbox"/>
Waiting to go ahead but held up	<input type="checkbox"/>	<input type="checkbox"/>
Slowing or stopping	<input type="checkbox"/>	<input type="checkbox"/>
Moving off	<input type="checkbox"/>	<input type="checkbox"/>
U-turn	<input type="checkbox"/>	<input type="checkbox"/>
Turning left	<input type="checkbox"/>	<input type="checkbox"/>
Waiting to turn left	<input type="checkbox"/>	<input type="checkbox"/>
Turning right	<input type="checkbox"/>	<input type="checkbox"/>
Waiting to turn right	<input type="checkbox"/>	<input type="checkbox"/>
Changing lane to left	<input type="checkbox"/>	<input type="checkbox"/>
Changing lane to right	<input type="checkbox"/>	<input type="checkbox"/>
Overtaking moving vehicle on its offside	<input type="checkbox"/>	<input type="checkbox"/>
Overtaking stationary vehicle on its offside	<input type="checkbox"/>	<input type="checkbox"/>
Overtaking on nearside	<input type="checkbox"/>	<input type="checkbox"/>
Going ahead - left hand bend	<input type="checkbox"/>	<input type="checkbox"/>
Going ahead - right hand bend	<input type="checkbox"/>	<input type="checkbox"/>
Going straight ahead - other	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

2.11 Did any of the vehicles skid or jack-knife or overturn? (Either as a cause or a result of the collision)

	Vehicle	
	1	2
No skidding, jack-knifing or overturning	<input type="checkbox"/>	<input type="checkbox"/>
Skidded	<input type="checkbox"/>	<input type="checkbox"/>
Skidded and overturned	<input type="checkbox"/>	<input type="checkbox"/>
Jack-knifed	<input type="checkbox"/>	<input type="checkbox"/>
Jack-knifed and overturned	<input type="checkbox"/>	<input type="checkbox"/>
Overturned	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

2.12 Did the vehicle hit any of the following objects in the carriageway (does not include pedestrians)

If more than one object was hit, please answer below for the object hit FIRST

	Vehicle	
	1	2
None	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles involved in a previous collision which were still on the carriageway	<input type="checkbox"/>	<input type="checkbox"/>
Roadworks	<input type="checkbox"/>	<input type="checkbox"/>
Parked vehicle(s)	<input type="checkbox"/>	<input type="checkbox"/>
A bridge crossing the carriageway (roof)	<input type="checkbox"/>	<input type="checkbox"/>
A bridge crossing the carriageway (side)	<input type="checkbox"/>	<input type="checkbox"/>
Any bollard or refuge at the side or in the middle of the carriageway	<input type="checkbox"/>	<input type="checkbox"/>
The open door of a vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Central island of roundabout	<input type="checkbox"/>	<input type="checkbox"/>
The kerb of the carriageway (not speed humps)	<input type="checkbox"/>	<input type="checkbox"/>
Any other object	<input type="checkbox"/>	<input type="checkbox"/>
Animals, except ridden horse	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

2.14 If the vehicle went off the road, did it hit any of these objects off the carriageway?

If more than one object was hit, please answer below for the object hit FIRST

	Vehicle	
	1	2
None	<input type="checkbox"/>	<input type="checkbox"/>
Road sign or traffic signal / traffic lights	<input type="checkbox"/>	<input type="checkbox"/>
Lamp post	<input type="checkbox"/>	<input type="checkbox"/>
Telegraph pole or electricity pole	<input type="checkbox"/>	<input type="checkbox"/>
Tree	<input type="checkbox"/>	<input type="checkbox"/>
Bus stop or shelter	<input type="checkbox"/>	<input type="checkbox"/>
Central crash barrier on dual carriageway or Motorway	<input type="checkbox"/>	<input type="checkbox"/>
Other crash barrier on either side of the carriageway	<input type="checkbox"/>	<input type="checkbox"/>
Water which submerged the vehicle completely	<input type="checkbox"/>	<input type="checkbox"/>
Ditch or other shallow water	<input type="checkbox"/>	<input type="checkbox"/>
Some other permanent object - including railings, banks, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

2.16 Where on the vehicle was the first point of impact?

	Vehicle	
	1	2
Nothing hit	<input type="checkbox"/>	<input type="checkbox"/>
Front of vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Back of vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Driver's right-hand side (offside)	<input type="checkbox"/>	<input type="checkbox"/>
Driver's left-hand side (nearside)	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

2.13 As a result of the collision, did any of the vehicles actually leave the carriageway, ie by going off the road?

	<i>Vehicle</i>	
	1	2
Did not leave the carriageway	<input type="checkbox"/>	<input type="checkbox"/>
Went off carriageway on nearside (driver's left-hand side)	<input type="checkbox"/>	<input type="checkbox"/>
Went off carriageway on nearside (driver's left-hand side) and rebounded / bounced off something, then returned to carriageway	<input type="checkbox"/>	<input type="checkbox"/>
Left carriageway straight ahead at junction	<input type="checkbox"/>	<input type="checkbox"/>
Went off dual carriageway offside (driver's right-hand side) onto central reservation	<input type="checkbox"/>	<input type="checkbox"/>
Went off carriageway (driver's right-hand side) onto offside central reservation and rebounded, then returned to carriageway	<input type="checkbox"/>	<input type="checkbox"/>
Went off carriageway offside (driver's right-hand side) and crossed central reservation onto opposite carriageway	<input type="checkbox"/>	<input type="checkbox"/>
Went off single carriageway offside (driver's right-hand side)	<input type="checkbox"/>	<input type="checkbox"/>
Went off single carriageway offside (driver's right-hand side) and rebounded, then returned to carriageway	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Information about the casualties

3.6 Casualty Class

	<i>Casualty</i>	
	1	2
Driver or rider	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle or pillion passenger	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian	<input type="checkbox"/>	<input type="checkbox"/>

3.13 If the casualty was a child aged 16 years or under, was he / she a pupil travelling on the way to or from school?

	<i>Casualty</i>	
	1	2
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Don't know / not applicable	<input type="checkbox"/>	<input type="checkbox"/>

3.15 Was the casualty a passenger in a CAR or TAXI (not the driver)?

	<i>Casualty</i>	
	1	2
Not a car passenger	<input type="checkbox"/>	<input type="checkbox"/>
Front seat passenger	<input type="checkbox"/>	<input type="checkbox"/>
Rear seat passenger	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>

3.16 Was the casualty a passenger in a BUS or COACH or TRAM (not the driver)?

	<i>Casualty</i>	
	1	2
Not a bus or coach passenger	<input type="checkbox"/>	<input type="checkbox"/>
Getting on the vehicle (boarding)	<input type="checkbox"/>	<input type="checkbox"/>
Getting off the vehicle (alighting)	<input type="checkbox"/>	<input type="checkbox"/>
Standing in the vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Seated in the vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

3.10 Where was the pedestrian when the collision happened?

In answering the following questions, please use the SAME COLUMN for the pedestrian casualty that you used for that person in the earlier questions above.

	<i>Casualty</i>	
	1	2
Crossing road on pedestrian crossing	<input type="checkbox"/>	<input type="checkbox"/>
Crossing road within zig-zag lines before the crossing	<input type="checkbox"/>	<input type="checkbox"/>
Crossing road within zig-zag lines after the crossing	<input type="checkbox"/>	<input type="checkbox"/>
Crossing road within 50 metres of pedestrian crossing	<input type="checkbox"/>	<input type="checkbox"/>
Crossing road more than 50 metres away from pedestrian crossing	<input type="checkbox"/>	<input type="checkbox"/>
On footway, pavement or verge	<input type="checkbox"/>	<input type="checkbox"/>
On refuge, island or central reservation of carriageway	<input type="checkbox"/>	<input type="checkbox"/>
In the middle of the carriageway, where there was no refuge, island etc	<input type="checkbox"/>	<input type="checkbox"/>
In carriageway, not crossing (eg working in the road or walking in the road)	<input type="checkbox"/>	<input type="checkbox"/>
Elsewhere / don't know	<input type="checkbox"/>	<input type="checkbox"/>

3.11 If the pedestrian was in the carriageway, which of the following best describes the movement of the pedestrian when the collision happened?

Please note that 'driver' means the person driving or riding the vehicle which hit the pedestrian (if hit by more than one vehicle, the first which hit the pedestrian)

	<i>Casualty</i>	
	1	2
Crossing the carriageway from the driver's nearside (left-hand side) - clearly visible	<input type="checkbox"/>	<input type="checkbox"/>
Crossing the carriageway from the driver's nearside (left-hand side) and masked or hidden by a parked or stationary vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Crossing the carriageway from the driver's offside (right-hand side) - clearly visible	<input type="checkbox"/>	<input type="checkbox"/>
Crossing the carriageway from the driver's offside (right-hand side) and masked or hidden by a parked or stationary vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Standing, playing or lying in the middle of the carriageway - clearly visible	<input type="checkbox"/>	<input type="checkbox"/>
Standing, playing or lying in the middle of the carriageway and masked or hidden by a parked or stationary vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Walking along in the middle of the carriageway, facing the traffic	<input type="checkbox"/>	<input type="checkbox"/>
Walking along in the middle of the carriageway, back to the traffic	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

3.12 In which direction was the pedestrian casualty when the collision happened?

	<i>Casualty</i>	
	1	2
Standing still	<input type="checkbox"/>	<input type="checkbox"/>
North bound	<input type="checkbox"/>	<input type="checkbox"/>
North East bound	<input type="checkbox"/>	<input type="checkbox"/>
East bound	<input type="checkbox"/>	<input type="checkbox"/>
South East bound	<input type="checkbox"/>	<input type="checkbox"/>
South bound	<input type="checkbox"/>	<input type="checkbox"/>
South West bound	<input type="checkbox"/>	<input type="checkbox"/>
West bound	<input type="checkbox"/>	<input type="checkbox"/>
North West bound	<input type="checkbox"/>	<input type="checkbox"/>
Not known	<input type="checkbox"/>	<input type="checkbox"/>

3.19 Pedestrian injured in the course of 'on the road' work - work actively carried out on public road (eg Delivery services, road maintenance, traffic control)

	<i>Casualty</i>	
	1	2
No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Seat belt usage?

Casualty

1 2

Casualty not in vehicle

Seat belt used

Seat belt not in use

Seat belt not fitted

Child safety harness in use

Child safety harness not used

Child safety harness not fitted

Don't know

Was any vehicle a TAXI or private hire vehicle?

Vehicle

1 2

Not a taxi or private hire vehicle

Licensed taxi

Licensed private hire vehicle

Unlicensed private hire vehicle

You have now finished answering all the questions. Thank you very much.

This section to be completed by the Reception Staff / Volunteer

Name Signature

Rank No. BOCU Date Time

Other references, eg / CRIS / Form 66

When finished, forward direct to Traffic Criminal Justice Unit, Marlowe House, through ordinary despatch immediately.

ETHNICITY

**If asked about the ethnicity of any casualty,
please use the following categories**

ASIAN or ASIAN BRITISH

INDIAN
PAKISTANI
BANGLADESHI
ANY OTHER ASIAN BACKGROUND

BLACK or BLACK BRITISH

CARIBBEAN
AFRICAN
ANY OTHER BLACK BACKGROUND

CHINESE or OTHER ETHNIC GROUP

CHINESE
ANY OTHER ETHNIC GROUP

MIXED

WHITE AND BLACK CARIBBEAN
WHITE AND BLACK AFRICAN
WHITE AND ASIAN
ANY OTHER MIXED BACKGROUND

WHITE

BRITISH
IRISH
ANY OTHER WHITE BACKGROUND