

Section 1 of this form should be used to capture information during the driver, passenger or supervisor / managers' interviews.

Section 2 of this form should be used during the analysis and investigation process.

## Crash reference (internal use only)



**Date**

**Time**

**Insurance claim number**

## Section 1 – Driver Interview

**Investigation conducted by \***

**Job title \***

**Date \***

Add additional investigators

**Investigation conducted by**

**Job title**

**Date**

Add additional investigators

**Investigation conducted by**

**Job title**

**Date**

## Driver Details and History

<b>Name *</b>	<b>Date of birth *</b>	<b>Age *</b>	<b>Employment date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Last Driver Skills Assessment *</b>	<b>Driving licence - country of issue</b>	<b>Date of issue *</b>	<b>Number of speeding events (last 3 months) *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Number of harsh breaking events (last 3 months) *</b>			
<input type="text"/>			

## Medical History/Eyesight

<b>Date of last medical test *</b>	<b>Date of last eye test *</b>	<b>Eyesight *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Additional Medical Details</b>		
<input type="text"/>		

## Shift patterns and fatigue factors

Verify the facts as reported on the At the Scene Crash Report Form and the Driver Post Crash Report Form. Question and note any discrepancies in addition to those noted on the Manager Post Crash Report Form

<b>Did either shift patterns, or task scheduling contribute to this crash in any way? *</b>	<b>Please provide details</b>
<input type="text"/>	<input type="text"/>
<b>Did either the mechanical actions or the road environment contribute to this crash in any way? *</b>	<b>Please provide details</b>
<input type="text"/>	<input type="text"/>
<b>Did the actions of a third party contribute to this crash in any way? *</b>	<b>Please provide details</b>
<input type="text"/>	<input type="text"/>
<b>Did the actions of the passengers contribute to this crash in any way? *</b>	<b>Please provide details</b>
<input type="text"/>	<input type="text"/>
<b>Did the actions of the supervisor / manager contribute to this crash in any way? *</b>	<b>Please provide details</b>
<input type="text"/>	<input type="text"/>
<b>Cause – In your opinion, what caused the crash? *</b>	
<input type="text"/>	
<b>In your opinion, how could this crash have been prevented? *</b>	
<input type="text"/>	
<b>Mitigating circumstances - Consider any mitigating circumstances raised by driver, passenger or supervisor / manager *</b>	
<input type="text"/>	

**Declarations**

**Interviewer declaration \***

I declare that all conclusions drawn and recommendations made are true and accurate to the best of my professional opinion

No signature.

**Name \***

**Date**

**Driver declaration \***

I accept that all conclusions drawn from the information provided and any recommendations made are a true and accurate record of the interview discussions taking place

No signature.

**Name \***

**Date**

**Passenger declaration \***

I accept that all conclusions drawn from the information provided and any recommendations made are a true and accurate record of the interview discussions taking place

No signature.

**Name \***

**Date**

**Supervisor / Manager declaration \***

I accept that all conclusions drawn from the information provided and any recommendations made are a true and accurate record of the interview discussions taking place

No signature.

**Name \***

**Date**

09-Mar-2020

**Section 2 - Analysis and outcomes**

**Crash type**

Based on the information collected above, please categorize the crash type (check all that apply).

- Behaviour or inexperience
- Driver/rider error or reaction
- Driver distraction
- Impairment
- Injudicious actions (poor judgement)
- Pedestrian only (casualty or uninjured)
- Road environment contributed
- Vehicle defects
- Visibility affected

**Additional details \***

**Crash sub-type**

Additionally, what sub-category would you attribute as an underlying factor (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Not displaying lights at night or in poor visibility | <input type="checkbox"/> Deposit on road (eg oil, mud, chippings)        | <input type="checkbox"/> Slippery road (due to weather)                                |
|   | <input type="checkbox"/> Inadequate or masked signs or road markings     | <input type="checkbox"/> Defective traffic signals                                     |
|   |  | <input type="checkbox"/> Traffic calming (eg speed cushions, road humps, chicanes)     |
| <input type="checkbox"/> Temporary road layout (eg contraflow)                | <input type="checkbox"/> Road layout (eg bend, hill, narrow carriageway) | <input type="checkbox"/> Driving too slow for conditions, or slow vehicle (eg tractor) |
| <input type="checkbox"/> Tyres illegal, defective or under-inflated           | <input type="checkbox"/> Defective lights or indicators                  | <input type="checkbox"/> Defective brakes  |

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Defective steering or suspension                     | <input type="checkbox"/> Defective or missing mirrors                    | <input type="checkbox"/> Overloaded or poorly loaded vehicle or trailer             |
| <input type="checkbox"/> Road layout (eg bend, winding road, hill crest)      | <input type="checkbox"/> Disobeyed 'Give Way' or 'Stop' sign or markings | <input type="checkbox"/> Disobeyed double white lines                               |
| <input type="checkbox"/> Illegal turn or direction of travel                  | <input type="checkbox"/> Exceeding speed limit                           | <input type="checkbox"/> Disobeyed pedestrian crossing facility                     |
| <input type="checkbox"/> Crossing road masked by stationary or parked vehicle | <input type="checkbox"/> Vehicle travelling along pavement               | <input type="checkbox"/> Travelling too fast for conditions                         |
| <input type="checkbox"/> Poor turn or manoeuvre                               | <input type="checkbox"/> Wrong use of pedestrian crossing facility       | <input type="checkbox"/> Cyclist entering road from pavement                        |
| <input type="checkbox"/> Failed to judge other person's path or speed         | <input type="checkbox"/> Failed to signal or misleading signal           | <input type="checkbox"/> Dangerous action in carriageway (eg playing)               |
| <input type="checkbox"/> Loss of control                                      | <input type="checkbox"/> Passing too close to a cyclist or pedestrian    | <input type="checkbox"/> Failed to look properly                                    |
| <input type="checkbox"/> Fatigue  | <input type="checkbox"/> Impaired by alcohol                             | <input type="checkbox"/> Sudden braking   |
| <input type="checkbox"/> Poor or defective road surface                       | <input type="checkbox"/> Uncorrected, defective eyesight                 | <input type="checkbox"/> Swerved  |
| <input type="checkbox"/> Distraction in vehicle                               | <input type="checkbox"/> Cyclist wearing dark clothing at night          | <input type="checkbox"/> Impaired by drugs (illicit or medicinal)                   |
| <input type="checkbox"/> Careless or reckless                                 | <input type="checkbox"/> Distraction outside vehicle                     | <input type="checkbox"/> Illness or disability, mental or physical                  |
| <input type="checkbox"/> Animal or object in carriageway                      | <input type="checkbox"/> In a hurry                                      | <input type="checkbox"/> Driver using mobile phone or other communication device    |
| <input type="checkbox"/> Unfamiliar with model of vehicle                     | <input type="checkbox"/> Learner or inexperienced driver/rider           | <input type="checkbox"/> Aggressive driving   |
| <input type="checkbox"/> Disobeyed automatic traffic signal                   | <input type="checkbox"/> Stationary or parked vehicle(s)                 | <input type="checkbox"/> Nervous, uncertain or panic                                |
| <input type="checkbox"/> Dazzling headlights                                  | <input type="checkbox"/> Disobeyed signals from traffic police           | <input type="checkbox"/> Inexperience of driving on the left / right                |
| <input type="checkbox"/> Spray from other vehicles                            | <input type="checkbox"/> Dazzling sun                                    | <input type="checkbox"/> Vegetation   |
| <input type="checkbox"/> Following too close                                  | <input type="checkbox"/> Visor or windscreen dirty or scratched          | <input type="checkbox"/> Buildings, road signs, street furniture                    |
| <input type="checkbox"/> Junction overshoot                                   | <input type="checkbox"/> Failed to look properly                         | <input type="checkbox"/> Rain, sleet, snow or fog                                   |
| <input type="checkbox"/> Impaired by drugs (illicit or medicinal)             | <input type="checkbox"/> Junction restart (moving off at junction)       | <input type="checkbox"/> Vehicle blind spot   |
| <input type="checkbox"/> Driving in convoy                                    | <input type="checkbox"/> Pedestrian wearing dark clothing at night       | <input type="checkbox"/> Failed to judge vehicle's path or speed                    |
|   | <input type="checkbox"/> Vehicle door opened or closed negligently       | <input type="checkbox"/> Impaired by alcohol  |
|   |  | <input type="checkbox"/> Disability or illness, mental or physical                  |
|   |  | <input type="checkbox"/> Driver feeling unsafe due to external factors (crowd, mob) |

**Looking at your identified causes what do you believe to be the root cause \***

Check all that apply

- Policies
- Processes
- Behavior
- Organizational culture
- Lack of supervision

**Please elaborate: \***

**Investigation outcomes**

Remedial Actions - Actions undertaken as a result of the outcome of the investigation (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Communication network introduced throughout organisation to ensure safety messages / updates are delivered to all staff | <input type="checkbox"/> Organisation induction course amended with specific learnings included   | <input type="checkbox"/> Organisation transport policy and procedures reviewed and necessary changes made                                     |
| <input type="checkbox"/> Driver referred for medical/vision checks   | <input type="checkbox"/> Consideration/order of new vehicle/equipment to address any issues identified  | <input type="checkbox"/> Driver dismissed (own drivers)   |
| <input type="checkbox"/> Driver suspended from driving by organisation or Traffic Commissioner for a specified period                            | <input type="checkbox"/> Driver referred to further training  | <input type="checkbox"/> Driver permanently removed from working on that contract by the employer (in case of subcontractor / rental company) |
| <input type="checkbox"/> Health and safety policy/risk assessments/safe systems of work reviewed and amended with learnings                      | <input type="checkbox"/> Driver temporarily removed from working on that contract by the employer (in case of subcontractor / rental company) | <input type="checkbox"/> Driver relieved from driving by organisation for a specified period  |
| <input type="checkbox"/> Introduction of fleet compliance checks   | <input type="checkbox"/> Independent transport audit commissioned   | <input type="checkbox"/> Driving assessment conducted   |
| <input type="checkbox"/> Passenger (staff member) dismissed  | <input type="checkbox"/> Introduction of manager compliance checks  | <input type="checkbox"/> Fleet reviewed/safety amendments retrofitted   |
| <input type="checkbox"/> Supervisor / manager dismissed  | <input type="checkbox"/> Review carried out of performance related pay scheme to include WRRR issues  | <input type="checkbox"/> Introduction of driver compliance checks   |
|  | <input type="checkbox"/> Toolbox talk addressing specific issue delivered to staff  | <input type="checkbox"/> Introduction of employee safety suggestion scheme  |
|  |   | <input type="checkbox"/> Introduction of training compliance checks   |
|  |   | <input type="checkbox"/> Safety group formed to look at issues raised and outcomes incorporated   |
|  |   | <input type="checkbox"/> Other  |

**Additional details \***

**Regulatory action (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Formal / official warning driver                   | <input type="checkbox"/> Formal / official warning manager / supervisor         |
| <input type="checkbox"/> Formal / official warning passenger (staff member) | <input type="checkbox"/> Formal / official warning passenger (non staff member) |
| <input type="checkbox"/> Offence reported to authorities                    | <input type="checkbox"/> Vehicle roadworthiness prohibition issued              |
| <input type="checkbox"/> Vehicle immobilised                                | <input type="checkbox"/> Words of advice given                                  |
| <input type="checkbox"/> No further action                                  | <input type="checkbox"/> Other (describe)                                       |

**Additional details \*****Remedial actions suggested to senior management \*****If no, why not?****Date****Remedial actions approved by senior management \*****Please explain****If no, why not?**

No signature.

**Date**