

2.26 VEHICLE REGISTRATION MARK				
Vehicle 001				
Vehicle 002				
Vehicle 003				
Vehicle 004				

2.35 WAS THE VEHICLE LEFT HAND DRIVE <input checked="" type="checkbox"/>	VEHICLE			
	1	2	3	4
No	1			
Yes	2			

2.5 / 2.5a TYPE OF VEHICLE <input checked="" type="checkbox"/>				
Car	09			
Taxi / Private hire car	08			
Van - Goods vehicle 3.5 tonnes mgw and under	19			
Goods vehicle over 3.5 tonnes mgw and under 7.5 tonnes mgw	20			
Goods vehicle 7.5 tonnes mgw & over	21			
Goods vehicle - unknown weight	98			
M/cycle 50cc and under	02			
M/cycle over 50cc and up to 125cc	03			
M/cycle over 125cc and up to 500cc	04			
Motorcycle over 500cc	05			
Motorcycle - cc unknown	97			
Electric Motorcycle	23			
Pedal cycle	01			
Bus or coach (17 or more passenger seats)	11			
Minibus (8-16 passenger seats)	10			
Agricultural vehicle (include diggers etc)	17			
Ridden horse	16			
Mobility scooter	22			
Tram / Light rail	18			
Other 1	90			
vehicle 2	90			
3	90			
4	90			

2.6 TOWING AND ARTICULATION <input checked="" type="checkbox"/>				
No tow or articulation	0			
Articulated vehicle	1			
Double or multiple trailer	2			
Caravan	3			
Single trailer	4			
Other tow	5			

2.22 AGE OF DRIVER (Estimate if necessary)				
Vehicle 001				
Vehicle 002				
Vehicle 003				
Vehicle 004				

2.27 DRIVER HOME POSTCODE or Code: 1- Unknown 2- Non UK Resident 3- Parked & unattended				
Vehicle 001				
Vehicle 002				
Vehicle 003				
Vehicle 004				

2.23 BREATH TEST <input checked="" type="checkbox"/>	VEHICLE			
	1	2	3	4
Not applicable	0			
Positive	1			
Negative	2			
Not requested	3			
Refused to provide	4			
Driver not contacted at time of col'	5			
Not provided (medical reasons)	6			

2.24 HIT AND RUN <input checked="" type="checkbox"/>				
Not hit and run	0			
Hit and run	1			
Non-stop vehicle, not hit	2			

2.21 SEX OF DRIVER <input checked="" type="checkbox"/>				
Male	1			
Female	2			
Not known	3			

2.9 VEHICLE LOCATION AT TIME OF ACCIDENT RESTRICTED LANE/ AWAY FROM MAIN C'WAY <input checked="" type="checkbox"/>				
On main carriageway not in restricted lane	00			
Tram / Light rail track	01			
Bus lane	02			
Busway (inc. guided busway)	03			
Cycle lane (on main carriageway)	04			
Cycleway or shared use footway (not part of main carriageway)	05			
On lay-by / hard shoulder	06			
Entering lay-by/ hard shoulder	07			
Leaving lay-by / hard shoulder	08			
Footway (pavement)	09			

2.10 JUNCTION LOCATION OF VEHICLE <input checked="" type="checkbox"/>				
Not at or within 20m of junction	0			
Approaching junction or waiting /parked at junction approach	1			
Cleared junction or waiting/ parked at junction exit	2			
Leaving roundabout	3			
Entering roundabout	4			
Leaving main road	5			
Entering main road	6			
Entering from slip road	7			
Mid junction- on roundabout or on main road	8			

2.7 MANOEUVRES <input checked="" type="checkbox"/>				
Reversing	01			
Parked	02			
Waiting to go ahead but held up	03			
Slowing or stopping	04			
Moving off	05			
U turn	06			
Turning left	07			
Waiting to turn left	08			
Turning right	09			
Waiting to turn right	10			
Changing lane to left	11			
Changing lane to right	12			
O'taking moving veh on its offside	13			
O'taking stationary veh on its offside	14			
Overtaking on nearside	15			
Going ahead left hand bend	16			
Going ahead right hand bend	17			
Going ahead other	18			

2.11 SKIDDING AND OVERTURNING <input checked="" type="checkbox"/>	VEHICLE			
	1	2	3	4
No skidding, jack-knifing or overturning	0			
Skidded	1			
Skidded and overturned	2			
Jack - knifed	3			
Jack - knifed and overturned	4			
Overturned	5			

2.12 HIT OBJECT IN CARRIAGEWAY <input checked="" type="checkbox"/>				
None	00			
Previous accident	01			
Roadworks	02			
Parked vehicle	04			
Bridge - roof	05			
Bridge - side	06			
Bollard / Refuge	07			
Open door of vehicle	08			
Central island of roundabout	09			
Kerb	10			
Any animal (except ridden horse)	12			
Other object	11			

2.13 VEHICLE LEAVING CARRIAGEWAY <input checked="" type="checkbox"/>				
Did not leave carriageway	0			
Left carriageway nearside	1			
Left carriageway nearside and rebounded	2			
Left carriageway straight ahead at junction	3			
Left carriageway offside onto central reservation	4			
Left carriageway offside onto central reserve and rebounded	5			
Left carriageway offside and crossed central reservation	6			
Left carriageway offside	7			
Left carriageway offside and rebounded	8			

2.14 FIRST OBJECT HIT OFF CARRIAGEWAY <input checked="" type="checkbox"/>				
None	00			
Road sign / Traffic signal	01			
Lamp post	02			
Telegraph pole / Electricity pole	03			
Tree	04			
Bus stop / Bus shelter	05			
Central crash barrier	06			
Nearside or offside crash barrier	07			
Submerged in water (completely)	08			
Entered ditch	09			
Wall or fence	11			
Other permanent object	10			

2.16 FIRST POINT OF IMPACT <input checked="" type="checkbox"/>				
Did not impact	0			
Front	1			
Back	2			
Offside	3			
Nearside	4			

2.29 JOURNEY PURPOSE OF DRIVER/RIDER <input checked="" type="checkbox"/>				
Journey as part of work	1			
Commuting to / from work	2			
Taking school pupil to/from school	3			
Pupil riding to / from school	4			
Other	5			
Not known	6			

Subject to local directions, boxes with a grey background need not be completed if already recorded

2.8 DIRECTION OF VEHICLE TRAVEL

1. Using the Example shown complete the FROM and TO boxes for the vehicles concerned, indicating direction of travel FROM and TO

2. If PARKED enter '00'

Vehicle 001

FROM TO

Vehicle 002

FROM TO

Vehicle 003

FROM TO

Vehicle 004

FROM TO

EXAMPLE

FROM TO

CASUALTY RECORD

<p>3.4 VEHICLE REFERENCE NUMBER Enter VEH No. which CASUALTY occupied (for pedestrians, code vehicle that struck them first) e.g. 001,002 etc.</p>	3.7 SEX OF CASUALTY <input checked="" type="checkbox"/>	CASUALTY					
		1	2	3	4	5	6
	Male	1					
	Female	2					

Casualty 001	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Casualty 002	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Casualty 003	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Casualty 004	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Casualty 005	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Casualty 006	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

3.18 CASUALTY HOME POSTCODE
or Code: 1- Unknown
2- Non UK Resident

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Casualty 001	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Casualty 002	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Casualty 003	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Casualty 004	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Casualty 005	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Casualty 006	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.8 AGE OF CASUALTY (Estimate if necessary)
For children less than a year enter 00

Casualty 001	<input type="text"/>	<input type="text"/>	<input type="text"/>	Casualty 002	<input type="text"/>	<input type="text"/>	<input type="text"/>
Casualty 003	<input type="text"/>	<input type="text"/>	<input type="text"/>	Casualty 004	<input type="text"/>	<input type="text"/>	<input type="text"/>
Casualty 005	<input type="text"/>	<input type="text"/>	<input type="text"/>	Casualty 006	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.6 CASUALTY CLASS

Driver/Rider	1						
Veh./pillion Passenger	2						
Pedestrian	3						

3.9 SEVERITY OF CASUALTY

Fatal	1						
Serious	2						
Slight	3						

3.20 CYCLE HELMET WORN

Not a cyclist	0						
Yes	1						
No	2						
Not known	3						

3.15 CAR PASSENGER (not driver)

Not a car passenger	0						
Front seat passenger	1						
Rear seat passenger	2						

3.16 BUS OR COACH PASSENGER
(17 passenger seats or more)

Not a bus or coach passenger	0						
Boarding	1						
Alighting	2						
Standing passenger	3						
Seated passenger	4						

LOCAL STATISTICS

3.14 SEAT BELT IN USE

Not applicable	0						
Worn and independently confirmed	1						
Worn but not independently confirmed	2						
Not worn	3						
Unknown	4						

3.10 PEDESTRIAN LOCATION

		CASUALTY					
		1	2	3	4	5	6
In carriageway, crossing on pedestrian crossing facility	01						
In carriageway, crossing within zig-zag lines at crossing approach	02						
In carriageway, crossing within zig-zag lines at crossing exit	03						
In carriageway, crossing elsewhere within 50m of pedestrian crossing	04						
In carriageway, crossing elsewhere	05						
On footway or verge	06						
On refuge, central island or central reservation	07						
In centre of carriageway, not on refuge, island or central reservation	08						
In carriageway, not crossing	09						
Unknown or other	10						

PEDESTRIAN CASUALTIES ONLY

3.12 PEDESTRIAN DIRECTION

		CASUALTY					
		1	2	3	4	5	6
Standing still	0						
Northbound	1						
Northeast bound	2						
Eastbound	3						
Southeast bound	4						
Southbound	5						
Southwest bound	6						
Westbound	7						
Northwest bound	8						
Unknown	9						

3.19 PEDESTRIAN ROAD MAINTENANCE WORKER

No / not applicable	0						
Yes	1						
Not known	2						

3.11 PEDESTRIAN MOVEMENT

		CASUALTY					
		1	2	3	4	5	6
Crossing from driver's nearside	1						
Crossing from driver's nearside-masked by parked or stationary veh'	2						
Crossing from driver's offside	3						
Crossing from driver's offside-masked by parked or stationary veh'	4						
In carriageway, stationary - not crossing (standing or playing)	5						
In carriageway, stationary -not crossing (standing or playing), masked by parked or stationary veh'	6						
Walking along in carriageway-facing traffic	7						
Walking along in carriageway-back to traffic	8						
Unknown or other	9						

1. Select up to six factors from the grid, relevant to the accident.
2. Factors may be shown in any order, but an indication must be given of whether each factor is *very likely (A)* or *possible (B)*.
3. Only include factors that you consider contributed to the accident. (i.e. do NOT include "Poor road surface" unless relevant).
4. More than one factor may, if appropriate, be related to the same road user.
5. The same factor may be related to more than one road user.
6. The participant should be identified by the relevant vehicle or casualty ref no. (e.g. 001, 002 etc.), preceded by "V" if the factor applies to a vehicle, driver/rider or the road environment (e.g. V002), or "C" if the factor relates to a pedestrian or passenger casualty (e.g. C001).
7. Enter U000 if the factor relates to an uninjured pedestrian.

	103	102	101	110	108	107	109	104	105	106
Road Environment Contributed	Slippery road (due to weather)	Deposit on road (e.g. oil, mud, chippings)	Poor or defective road surface	Sunken, raised or slippery inspection cover	Road layout (e.g. bend, hill, narrow carriageway)	Temporary road layout (e.g. contraflow)	Animal or object in carriageway	Inadequate signs or road markings	Defective traffic signals	Traffic calming (e.g. speed cushions, road humps, chicanes)
Vehicle Defects	201	202	203	204	205	206				
	Tyres illegal, defective or under-inflated	Defective lights or indicators	Defective brakes	Defective steering or suspension	Defective or missing mirrors	Overloaded or poorly loaded vehicle or trailer				
Injudicious Action	308	306	302	301	307	310	305	304	309	303
	Following too close	Exceeding speed limit	Disobeyed Give Way or Stop sign or markings	Disobeyed automatic traffic signal	Travelling too fast for conditions	Cyclist entering road from pavement	Illegal turn or direction of travel	Disobeyed pedestrian crossing facility	Vehicle travelling along pavement	Disobeyed double white lines
Driver/Rider Error or Reaction	405	406	403	408	409	401	402	404	407	410
	Failed to look properly	Failed to judge other person's path or speed	Poor turn or manoeuvre	Sudden braking	Swerved	Junction overshoot	Junction restart (moving off at junction)	Failed to signal or misleading signal	Too close to cyclist, horse or pedestrian	Loss of control
Impairment or Distraction	501	502	508	503	509	510	505	504	507	506
	Impaired by alcohol	Impaired by drugs (illicit or medicinal)	Driver using mobile phone	Fatigue	Distraction in vehicle	Distraction outside vehicle	Illness or disability, mental or physical	Uncorrected, defective eyesight	Rider wearing dark clothing	Not displaying lights at night or in poor visibility
Behaviour or Inexperience	602	605	601	603	607	606	604			
	Careless, reckless or in a hurry	Learner or inexperienced driver/rider	Aggressive driving	Nervous, uncertain or panic	Unfamiliar with model of vehicle	Inexperience of driving on the left	Driving too slow for conditions or slow vehicle (e.g. tractor)			
Vision Affected by	701	703	706	707	708	705	710	702	704	709
	Stationary or parked vehicle(s)	Road layout (e.g. bend, winding road, hill crest)	Dazzling sun	Rain, sleet, snow or fog	Spray from other vehicles	Dazzling headlights	Vehicle blind spot	Vegetation	Buildings, road signs, street furniture	Visor or windscreen dirty, scratched or frosted etc.
Pedestrian Only (Casualty or Uninjured)	802	808	803	801	806	807	805	804	809	810
	Failed to look properly	Careless, reckless or in a hurry	Failed to judge vehicle's path or speed	Crossing road masked by stationary or parked vehicle	Impaired by alcohol	Impaired by drugs (illicit or medicinal)	Dangerous action in carriageway (e.g. playing)	Wrong use of pedestrian crossing facility	Pedestrian wearing dark clothing at night	Disability or illness, mental or physical
Special Codes	901	902	903	904						*999
	Stolen vehicle	Vehicle in course of crime	Emergency vehicle on a call	Vehicle door opened or closed negligently						Other - Please specify below

Driver/Rider Only (Includes Pedal Cycles and Horse Riders)

	1st	2nd	3rd	4th	5th	6th
<i>Factor in the accident</i>						
<i>Which participant? (e.g. V001, C001, U000)</i>						
<i>Very likely (A) or Possible (B)</i>						

*If 999 Other, give brief details

(Note: Only use if another factor contributed to the accident and include it in the text description of how the accident occurred)

These factors reflect the reporting officer's opinion at the time of reporting and may not be the result of extensive investigation