

1.3 Collision ref

**Police Reporting**

Reported to Police date		Reported time	
Officer time of arrival	Officer place of reporting		
Reporting source 1.26	Officer attended scene 1 <input type="checkbox"/>	Photo/video taken Y/N <input type="checkbox"/>	
	Online - member of public 2 <input type="checkbox"/>	Specialist collision investigator attended Y/N <input type="checkbox"/>	
	Reported at station - member of public 3 <input type="checkbox"/>		
1.10 Local ONS district code			
Person reporting collision to police			
Reporting Officer		Collar No.	
Other officers attending collision			

**Circumstances**

1.8 Time (if known)	1.7 Date (if known)	Non - stop / failed to stop <input type="checkbox"/>
Time range (if exact time is unknown)	Date range (if exact date is unknown)	Police vehicle involved <input type="checkbox"/>
1.5 No. of vehicles	1.6 No. of casualties	
Injury Severity	Reporting system ref	
Fatal <input type="checkbox"/>	Single Online Home ref.	
Injury <input type="checkbox"/>	Investigation system ref.	
Non-Injury <input type="checkbox"/>		
1.2a Owning police force	1.2b Geographic police force	
Investigating Officer (if different to reporting officer)		

**Location**

1 <sup>st</sup> Road	Name		
	1.12 Class & 1.13 Number	e.g. A 5 0 5 0	
Road type 1.14	Roundabout 1 <input type="checkbox"/>	At junction with / or 1.16a	Not at or within 20 metres of junction 00 <input type="checkbox"/>
	One - way street 2 <input type="checkbox"/>		T or staggered junction 13 <input type="checkbox"/>
	Dual carriageway 3 <input type="checkbox"/>		Crossroads 16 <input type="checkbox"/>
	Single carriageway 6 <input type="checkbox"/>		Junction with more than four arms 17 <input type="checkbox"/>
	Slip road 7 <input type="checkbox"/>		Using private drive or entrance 18 <input type="checkbox"/>
			Other junction 19 <input type="checkbox"/>
			Other:
Town	County	Parish	
Sector / Beat no.	BCU / Division		
1.11a Grid reference easting	1.11n Grid reference northing		
Outside house no. / or marker post no.	(N S E W) of		
2 <sup>nd</sup> Road	Name		
	1.18 Class & 1.19 Number	e.g. A 5 0 5 0	
Location description 6.0			

**How Collision Occurred** 6.1

This is an initial opinion of how the collision occurred based upon the information available at the time which could change in the light of future enquiries

Driver / Rider									
Title		Surname							
Forename									
DOB				2.21 Sex		Male		1 <input type="checkbox"/>	
2.22 Age						Female		2 <input type="checkbox"/>	
Ethnicity: Input ethnicity below						Unknown		3 <input type="checkbox"/>	
Officer-defined				Self-defined					
Nationality									
Address									
2.27 Postcode									
Phone number									
Email									
Driver description									
If not traced or identified at scene									
Driver initial comments									
Signature									
Date				Time					
Driving documents									
Driving licence no.									
2.34 Driving licence status				Full		1		<input type="checkbox"/>	
				Provisional		2		<input type="checkbox"/>	
				Unlicenced		3		<input type="checkbox"/>	
				Not known or not required		4		<input type="checkbox"/>	
				Driver's licence appropriate for vehicle				<input type="checkbox"/>	
Non-GB licence									
Country of issue									
Insurance company name									
Insurance certificate no.									
Insurance certificate correct									
Impairment Only tick relevant boxes									
Eyesight test		Pass <input type="checkbox"/>		Reported/Arrested					
		Fail <input type="checkbox"/>							
		Not conducted <input type="checkbox"/>							
Substance testing									
		2.23a Alcohol		2.23 b Drugs					
Not applicable		0		<input type="checkbox"/>		<input type="checkbox"/>			
Positive		1		<input type="checkbox"/>		<input type="checkbox"/>			
Negative		2		<input type="checkbox"/>		<input type="checkbox"/>			
Not requested		3		<input type="checkbox"/>		<input type="checkbox"/>			
Refused to provide		4		<input type="checkbox"/>		<input type="checkbox"/>			
Driver not contacted at time of collision		5		<input type="checkbox"/>		<input type="checkbox"/>			
Not provided (medical reasons)		6		<input type="checkbox"/>		<input type="checkbox"/>			
Device / test not available		7		<input type="checkbox"/>		<input type="checkbox"/>			
No driver		8		<input type="checkbox"/>		<input type="checkbox"/>			
Time									
Reading									
Drugs detected									
Reported / Arrested: Alcohol									
Reported / Arrested: Drugs									

3.3 Person ref	
3.4 Vehicle ref	

Person			
Title	Surname		
Forename			
Involvement	Driver / Rider	<input type="checkbox"/>	Input demographic details and contact details for all persons involved. Fill in other sections if relevant e.g. if person is injured, fill out 'Casualty' section
	3.6 Passenger / Pillion	<input type="checkbox"/>	
	Pedestrian	<input type="checkbox"/>	
	Witness	<input type="checkbox"/>	
	Other person involved	<input type="checkbox"/>	
DOB	3.7 Sex		Male 1 <input type="checkbox"/>
3.8 Age			Female 2 <input type="checkbox"/>
Ethnicity:		Unknown 3 <input type="checkbox"/>	
Officer defined	Self- defined		
Nationality			
Reason not stated			
Address			
3.18 Postcode			
Phone no.			
Other no.			
Email			
Welsh forces only	Correspondence in Welsh Y/N <input type="checkbox"/>		
Under 18 only			
Parent/Guardian relationship			
Parent/Guardian Name			
Use above address for correspondence? <input type="checkbox"/>			
Parent/Guardian contact details			
Phone no. and address and Postcode			
Pedestrian / Passenger / Witness			
If pedestrian, hit by what vehicle			
Independent witness <input type="checkbox"/>			
MG11 Conducted <input type="checkbox"/>			
Willing to attend Court <input type="checkbox"/>			
Casualty			
Relatives contact details			
Relatives informed Y/N <input type="checkbox"/>			
Other damaged property			
Damaged by		Time	
Owner informed	Y/N <input type="checkbox"/>	Date	
Damage description			
Initial Comment			
Name		Time	
Date			
Involvement			
Contact			
Signed			

3.3 Person ref			
3.4 Vehicle ref			
Person			
Title	Surname		
Forename			
Involvement	Driver / Rider	<input type="checkbox"/>	Input demographic details and contact details for all persons involved. Fill in other sections if relevant e.g. if person is injured, fill out 'Casualty' section
	3.6 Passenger / Pillion	<input type="checkbox"/>	
	Pedestrian	<input type="checkbox"/>	
	Witness	<input type="checkbox"/>	
	Other person involved	<input type="checkbox"/>	
DOB	3.7 Sex		Male 1 <input type="checkbox"/>
3.8 Age			Female 2 <input type="checkbox"/>
Ethnicity:		Unknown 3 <input type="checkbox"/>	
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Welsh forces only	Correspondence in Welsh Y/N <input type="checkbox"/>		
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Casualty			
Relatives contact details			
Relatives informed Y/N <input type="checkbox"/>			
Other damaged property			
Damaged by		Time	
Owner informed	Y/N <input type="checkbox"/>	Date	
Damage description			
Initial Comment			
Name		Time	
Date			
Involvement			
Contact			
Signed			

1.3 Collision ref

Weather 1.22

Fine without high winds	1	
Raining without high winds	2	
Snowing without high winds	3	
Fine with high winds	4	
Raining with high winds	5	
Snowing with high winds	6	
Fog or mist - if hazard	7	
Other	8	

Lighting 1.21

Daylight	1	
Darkness	Streetlights present and lit	4
	Streetlights present but unlit	5
	No street lighting	6
	Unknown	7

Road surface 1.23

Dry	1	
Wet / Damp	2	
Snow	3	
Frost / Ice	4	
Flood (surface water over 3mm deep)	5	

Condition / carriageway hazards 1.25a

None	00	
Defective traffic signals	11	
Permanent road signing or markings defective / obscured	12	
Roadworks	13	
Oil / diesel	14	
Mud	15	
Dislodged vehicle load in carriageway	16	
Other object in carriageway	17	
Involvement with previous collision	18	
Pedestrian in carriageway - not injured	19	
Any animal in carriageway (except ridden horse)	20	
Poor or defective road surface	21	

Pedestrian crossing 1.20

No physical crossing facility within 50m	00	
Human crossing control by school crossing patrol	11	
Human crossing control by other authorised person	12	
Zebra crossing	13	
Pedestrian light crossing (pelican, puffin, toucan)	14	
Pedestrian phase at traffic signal	15	
Footbridge or subway	16	
Central refuge — no other controls	17	

Junction control 1.17

Authorised person	1	
Automatic traffic signal	2	
Stop sign	3	
Give way or uncontrolled	4	

NCRF Local Fields
National Collision Reporting Form

Local fields 7.0 – 7.9

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



1.3 Collision ref

Vehicle Type 2.5		Vehicles				
			1	2	3	4
	Car	09				
	Taxi/Private vehicle	08				
	Bus/Coach	11				
	Minibus	10				
	Pedal cycle	01				
	Mobility scooter	22				
	Agricultural	17				
	Tram/Light rail	18				
	Ridden horse	16				
	Other vehicle	90				
Van/Goods vehicle	Up to 3.5t	19				
	Over 3.5t and under 7.5t	20				
	7.5t and over	21				
	Unknown weight	98				
Motorcycle	50cc and under	02				
	Over 50cc and up to 125cc	03				
	Over 125cc and up to 500cc	04				
	Over 500cc	05				
	Unknown cc	97				
	Electric motorcycle	23				
For options below use boxes to identify type & '2.5a Other' for further info						
Personal powered transport (PPT)	E-scooter rental	33				
	E-scooter private	33				
	E-scooter ownership unknown	33				
	Powered skateboard,	33				
	Standing ic powered scooter,	33				
	Powered self-balancing device(no handlebar)	33				
	Powered self-balancing device (handlebar)	33				
	Powered unicycle	33				
	Powered monoboard	33				
	Other motorised ppt	33				
2.5a Other	1:					
Please add details to help identify vehicle	2:					
	3:					
	4:					
Manoeuvres 2.7		Vehicles				
			1	2	3	4
	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				
	Going ahead	19				
	Parking	20				
Overtaking	Moving vehicle on its offside	13				
	Stationary Vehicle on its offside	14				
	On nearside	15				

Journey purpose of driver / rider 2.29a		Vehicles				
			1	2	3	4
	Journey as part of work	1				
	Commuting to/from work	2				
	Not known or not requested	6				
	Education and educational escort	7				
	Emergency vehicle (blue light) on response	8				
	Personal business or leisure	9				

Junction location of vehicle 2.10		Vehicles				
			1	2	3	4
	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				

Vehicle leaving carriageway 2.13		Vehicles				
			1	2	3	4
	Did not leave carriageway	0				
Left carriageway	Nearside	1				
	Nearside and rebounded	2				
	Straight ahead at junction	3				
Left carriageway offside	Onto central reservation	4				
	Onto central reservation and rebounded	5				
	And crossed central reservation	6				
	Offside	7				
	Offside and rebounded	8				

First object hit off carriageway 2.14		Vehicles				
			1	2	3	4
	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				
	Other permanent object	10				
	Wall or fence	11				

Hit object in carriageway 2.12		Vehicles				
			1	2	3	4
	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 (expect ridden horse)	11				
	Other object	12				

Tow and articulation 2.6		Vehicles				
			1	2	3	4
	No tow / articulation	0				
	Articulated vehicle	1				
	Double/ multiple trailer	2				
	Caravan	3				
	Single trailer	4				
	Other tow	5				

Skidding and overturning 2.11		Vehicles				
			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				

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Continued from page 5

Vehicle location at time of collision 2.9	Vehicles				
		1	2	3	4
On main carriageway - not in restricted lane	00				
Tram/Light rail track	01				
Bus lane / Busway / Restricted lanes	02				
Cycle lane (on main carriageway)	04				
Cycleway or shared use footway (not main carriageway)	05				
On lay-by / hard shoulder	06				
Footway (pavement)	09				

First point of impact 2.16	Vehicles				
		1	2	3	4
Did not impact	0				
Front	1				
Back	2				
Offside	3				
Nearside	4				

NCRF Casualty Record  
National Collision Reporting Form

Injuries 3.22 Please tick all that are appropriate		Casualties						
			1	2	3	4	5	6
	Shock	20						
	Bruising	19						
	Sprains, strains, and dislocation	18						
	Shallow cuts/lacerations/abrasions or dental injuries (loss of tooth)	17						
	Whiplash or neck pain	16						
	Other head injury (not bruising, shallow cuts or dental injuries)	15						
	Deep cuts/lacerations	14						
	Fractured arm/collarbone/hand	13						
	Fractured lower leg/ankle/foot	12						
	Multiple severe injuries, conscious	11						
	Deep penetrating or puncture wound	10						
	Other chest injury (not bruising or shallow cut)	09						
	Fractured pelvis or upper leg	08						
	Loss of arm or leg (or part)	07						
	Multiple severe injuries, unconscious	06						
	Internal injuries	05						
	Severe chest injury, severe difficulty breathing	04						
	Severe head injury, unconscious	03						
	Broken neck or back	02						
	Deceased	01						
Injury description 3.22a	C1							
Clarification required for injuries 9 & 15.	C2							
Add other relevant details for any injuries here.	C3							
	C4							
	C5							
	C6							

Pedestrian Location 3.10		Casualties						
			1	2	3	4	5	6
In carriageway	crossing on pedestrian crossing facility	01						
	crossing within zig-zag lines at crossing approach	02						
	crossing within zig-zag lines at crossing exit	03						
	crossing elsewhere within 50m of pedestrian crossing	04						
	Crossing elsewhere	05						
Crossing elsewhere	Not crossing	09						
	On footway or verge	06						
	On refuge, central island, or central reservation	07						
	Center of carriageway, not refuge, island, reservation	08						
	Unknown or other	10						

Pedestrian Movement 3.11		Casualties						
			1	2	3	4	5	6
Crossing from	Driver's nearside	01						
	Driver's nearside - masked by stationary vehicle	02						
	Driver's offside	03						
	Driver's offside - masked stationary vehicle	04						
In carriageway	Stationary - not crossing	05						
	Stationary - masked stationary vehicle	06						
	Walking along in carriageway-facing traffic	07						
	Walking along in carriageway-back to traffic	08						
	Unknown or other	09						

Vehicle passenger 3.15		Casualties						
			1	2	3	4	5	6
	Not a vehicle passenger	0						
	Front seat passenger	1						
	Rear seat passenger	2						
	Pillion	3						

Bus or coach passenger 3.16		Casualties						
			1	2	3	4	5	6
	Not a bus / coach passenger	0						
	Boarding	1						
	Alighting	2						
	Standing passenger	3						
	Seated passenger	4						

Pedestrian road maintenance worker 3.19a		Casualties						
			1	2	3	4	5	6
	Not applicable	0						
	Not known	2						
	Road maintenance / utility worker	3						
	Emergency service worker	4						
	Vehicle recovery / breakdown worker	5						

Admitted to hospital 3.21		Casualties						
			1	2	3	4	5	6
	No	0						
	Admitted overnight to hospital ward	1						
	Admitted to A + E	2						
	Not attended	3						

Seat belt or child restraints in use 3.14		Casualties						
			1	2	3	4	5	6
	Not applicable	0						
	Worn and independently confirmed	1						
	Worn but not independently confirmed	2						
	Not worn	3						
	Unknown	4						

Helmet worn 3.20		Casualties						
			1	2	3	4	5	6
	Not applicable	0						
	Yes	1						
	No	2						
	Unknown	3						

1.3 Collision ref

Direction of 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

Measurements taken by

Time

Date

Vehicle	From 2.8f	To 2.8t
1		
2		
3		
4		

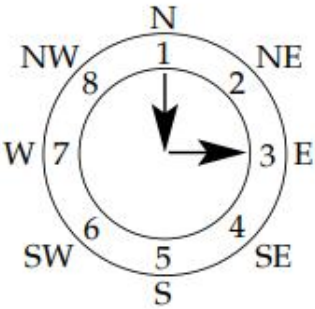
EXAMPLE

FROM

1

TO

3





## Road Safety Factors

Where Officer attended scene, recording one factor is mandatory and at least three are expected.

1. Enter "C" if the factor relates to a pedestrian or passenger casualty. Enter "V" if the factor relates to a vehicle. Enter "U" if the factor relates to an uninjured pedestrian.

2. The participant should be identified by the relevant casualty / vehicle ref no. (e.g. 001, 002)

3. Only include factors that you consider contributed to the accident. (i.e. do NOT include "R1" unless relevant).

5. The same factor may be related to more than one road user.

6. Factors may be shown in any order, but an indication must be given of whether each factor is very likely (A) or possible (B)

7. More than one factor may, if appropriate, be related to the same road user.

	5.1 - 5.4 1	5.5 - 5.8 2	5.9 - 5.12 3	5.13 - 5.16 4	5.17 - 5.20 5	5.21 - 5.24 6
Factor in the accident						
Involved e.g. C / V / U						
Participant e.g. 001						
Probability: Very Likely (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
or Possible (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Factor	Code	Factor detail
Behaviour or inexperience (B)	B1	Driver / rider illegal turn / direction of travel or failed to comply with traffic sign / signal
	B2	Driver/rider disobeyed double white lines
	B3	Driver / rider overshot junction or poor turn / manoeuvre
	B4	Ineffective observation by either the driver, rider, or pedestrian
	B5	Driver/rider inexperienced or learner
	B6	Driver/rider passing too close to another road user or pedestrian
	B7	Vehicle door opened into path of another road user or pedestrian
	B8	Sudden braking or braking in a way unsuitable for conditions
Distraction or impairment (D)	D1	Affected by alcohol
	D2	Affected by drugs
	D3	Driver/rider too tired to drive/ride safely
	D4	Driver/rider had uncorrected or defective eyesight
	D5	Illness or disability
	D6	Using mobile device
	D7	Distraction to driver/rider from inside/outside or on vehicle
Non-motorised road users (P)	P1	Incorrect use of crossing facility by person crossing the road
	P2	Vehicle entering road from pavement
	P3	Pedestrian showing risk taking behaviour in carriageway
	P4	Pedestrian careless or in a hurry
	P5	Pedestrian, cyclist, equestrian hard to see
Roads (R)	R1	Poor or defective road surface or deposits on road
	R2	Road surface was slippery due to weather
	R3	Driver/riders view obscured by stationary or parked vehicles
	R4	Drivers/riders view obscured by vegetation, buildings, layout, or road signs
	R5	Drivers/riders vision affected by adverse weather or dazzling sun
Speed behaviour (S)	S1	Driver/rider exceeding speed limit
	S2	Driver/rider travelling too fast for conditions (including loss of control or swerving)
	S3	Vehicle used in course of crime
	S4	Driver/rider being aggressive, dangerous, or reckless
	S5	Driver/rider moving too slowly for conditions
Vehicle (V)	V1	Vehicle defective tyres
	V2	Vehicle defect (excluding tyres and light)
	V3	Vehicle or trailer was overloaded or poorly loaded
	V4	Driver/Rider view obscured by blind spot
	V5	Vehicle with defective lights or not using headlights when visibility is reduced



