**Vehicle Damage Report Form (Part One)**

**(To be filled in by employee)**

*When recording information about how the incident happened use only the objective facts that you have gathered. It is important for investigations that photographs of the scene, defects, damage etc are taken and forwarded with the report.*

**Vehicle Damage Report Form Ref Code: AIR:\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Step 1: Your details** | |
| Name: | Job Title: |
| I am reporting:   * An accident * Speeding * Vandalism / damage **during** working hours * Vandalism/damage **outside** of working hours * Other (mobile phone usage/not wearing a seatbelt etc) | I am:   * An employee * An individual on work experience * A trainee * Self-employed * A contractor * An agency worker   **Employees only**  Are you a member of a trade union?  **No Yes**  **Which one?\_\_\_\_\_\_\_** |
| Have you informed your supervisor of this accidents/incident?  **Yes No** | Supervisor Name:  Manager Names: |

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| **Step 2: Vehicle details** | | |
| Bron Afon vehicle details:  Reg No:  Fleet No: | Description of damage to Bron Afon vehicle: | |
| Is the vehicle driveable?  **Yes No** | What is the current location of the vehicle? | |
| **Step 3: Third Party Information** |  | |
| Name of third party:  (if known) | Third party vehicle registration: | |
| Address of third party: | Damage caused to third party vehicle: | |
| Make of vehicle:  Model of vehicle: | No of people in third party vehicle:  (including driver) | |
| Was Third party or passengers injured? | Please give details of injuries: | |
| **Step 4: Describe the accident/incident** | | |
| Date of accident / incident: | | Time of accident / incident: |
| Location and address of accident/incident: | | Weather conditions at the time of the accident / incident:  Road Conditions:  (wet / greasy / icy?) |
| Name of witnesses (if any):  (please note, if member of public involved as a witness or involved in the incident contact details including address and phone number should be obtained) | | |
| Describe the events leading up to and including the accident/incident:  (continue on separate sheet if necessary | | |
| **I give my permission for this information to be shared with a Third Party**  **(H&S / Insurance / Union Representatives)**  **The facts as stated are given from my own knowledge and where they are not so given I have indicated the source of the information. I believe the facts stated in this report form are true.**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Where an individual has consented to disclosing their information, Bron Afon can share the following information with health and safety representatives/insurers.*  ***PLEASE NOW PASS TO YOUR SUPERVISOR/LINE MANAGER*** | | |
| **Line Manager / Supervisor**  Name:  Signature: Date: | |  |
| Line Manager initial comments: (please note any sick leave taken due to the incident if known and ensure any immediate requirements for safe controls are put in place) | | |

Please pass Part 1 to the Insurance and [Health and Safety Team](mailto:healthandsafety@bronafon.org.uk) **within 24 hours**.

Part 2 (investigation) must be completed within 48 hours of the incident (if minor) and 5 working days if more complex investigation required

**Vehicle Damage Investigation Form: Part Two**

**(To be filled in by line manager with employee present)**

*When recording information about how the incident happened use only the objective facts that you have gathered. It is important for investigations that photographs of the scene, defects, damage etc are taken and forwarded with the report.*

**Accident/Incident Report Form Ref Code: AIR\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Step 1: Employee and vehicle details** | |
| Name: | Job Title: |
| Was the employee injured because of the accident?  **Yes No**  If so, has the relevant Accident/incident form been filled in?  **Yes No** | When was the last driver assessment carried out with the employee?  Date:  Does the employee require another assessment?  **Yes No** |
| |  |  | | --- | --- | | **YES** | **NO** | | Has the driver any claims for accidents in the last 3 years? |  |  | | | Has the driver held a full license for over 12 months? |  |  | | | Is the driver under 21 years of age? |  |  | | | Have any points been issued on their license?  If yes, how many? ­­\_\_\_\_\_\_\_\_\_\_ |  |  | | | Have there been any previous incidents? |  |  | | | Date of last vehicle inspection by driver: |  |  | | | |

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| Bron Afon vehicle details:  Reg No:  Fleet No: | Description of damage to Bron Afon vehicle: |
| Is the vehicle driveable?  **Yes No** | What is the current location of the vehicle? |

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| **Step 2: Describe the incident** | | | | | |
| Exact location of the incident: | | | | Date:  Time: | |
| What part of drivers workday (please tick appropriate)   * Entering or leaving work * During normal work activities * During lunch/break * Working overtime * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Name of witnesses (if any): | | | | | |
| No of attachments: | Written witness statements: | | Photographs: | | Maps/drawings: |
| Describe, step by step the events that led up to and including the incident (Can be continued on separate sheet) | | | | | |
| Was any vehicle on the wrong side of the road? (If so, please state which vehicle) | | Were any signals given?  (If so, by which vehicle, what type of signal and for how long?) | | | |
| What were the approximate speeds of the vehicles involved?  Bron Afon vehicle:  Third party vehicle(s): | | | | | |
| If after dark, were there any street lights?  (Please circle) **Yes No** | | | | | |
| If after dark were the vehicles displaying lights?  (Please circle) **Yes No**  If yes, please state whether each vehicle was displaying headlights or side lights:  Bron Afon Vehicle:  Third Party Vehicle(s): | | | | | |
| Who, in the employees opinion, is the root cause of the incident ? (please use the 5 Whys to find out the root cause)   * Human failings e.g. slips or lapses of memory, errors of judgment * Job Factors (time available, inadequate procedures, poor supervision, unsuitable RAMS) * Human Factors (physical ability, fatigue) * Organisational Factors (work pressures, supervision, procedures) * Other *(please state)* | | | | | |
| Please draw a sketch plan showing the scene of the accident: | | | | | |
| The employee may be required to attend Court to give evidence at the trial (if applicable). Are they happy to attend court?  (Please circle) **Yes No** | | | | | |
| If no, please clarify why? | | | | | |

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| **Step 3: How can future incidents be prevented?** |
| **Lessons learnt**  What actions should be (or have been) put in place to ensure an incident of this type does not reoccur (use action plan on next page)?  How will you share this information with your colleagues to ensure learning lessons are taken forward?( (Continue on separate sheet if required)  *Consider whether support is needed for person following the incident etc.*  How will you help to prevent incidents like this happening in the future? |

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| **Post Investigation Action Plan -** what actions should be (or have been) put in place to stop an incident like this happening again? How will you share this information with your colleagues to ensure learning lessons are taken forward? (Continue on separate sheet if required) | | | |
| **Action** | **Who** | **By When** | **Complete (Y/N)** |
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***Please note it is manager’s responsibility to ensure this action plan is closed down.***

***Please also update H&S with a copy of the closed/final version***

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| **Step 4: Who completed and reviewed this form? (please print)** | |
| Print Name:  Signature:  Date: | Job Title:  Department:  Manager: |

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| **Step 5: Post Investigation Sign Off (Health and Safety)** | |
| Health and Safety Team post investigation sign off:  Detail of any further follow up or action taken by the H&S Manager as relevant: (RIDDOR report/post investigation support/notification of insurers/notification to union representatives) | |
| Health & Safety Advisor Signature: | Date: |

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| **Step 6: Post Investigation Sign Off (Senior Manager)** | |
| *Please comment on the accident/incident or any other observations* (most relevant senior manager should approve the actions of the line manager before completed investigation is given to the Health and Safety Team)  What action will you take to make sure lessons are learned & shared to prevent a similar incident happening again? | |
| Senior Manager Signature: | Date: |

Part 2 (investigation) must be completed and returned to the Health and Safety Team within 48 hours of the incident (if minor) and 5 working days if more complex investigation required

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| Date form received: | **Initials:** |  | Does the Union Rep require notification? | **Y / N** |
| Accident Log updated**: Y / N** | **Date:** |  | Community Safety Informed? | **Y / N** |
| H&S Review of actions listed | **Date:** |  | Risk assessment completed by manager? **Y / N** | **Date :** |