



Emergency Procedure in the Event of a Collision or Incident

Incident Recording Form

EMPLOYEE'S LOG
THIS IS NOT AN INSURANCE DOCUMENT



EMERGENCY PROCEDURE

IN THE EVENT OF A COLLISION OR INCIDENT

If you are involved in a collision you should:

- Stop your vehicle at the scene or as close to it as possible. If possible do not obstruct traffic;
- Ensure your own safety first. If exiting the vehicle wear a high visibility jacket or vest, which should be readily accessible in the vehicle:
- ▼ Help any injured person. Call the Gardaí and emergency services if someone is hurt dial 999 on a landline or 112 on a mobile phone;
- Provide the following information to the other vehicle driver or property owner:
 - The name and address of the driver in charge of the vehicle;
 - The name and address of the owner of the vehicle;
 - The registered number of the vehicle;
 - The vehicle insurance details.
- ▼ Record the details of the collision on the Incident Recording Form (Appendix 3);
- Contact your supervisor or manager as soon as you can to tell them about the collision. You should carry these contact details or keep them in the vehicle when you are working;
- ▼ Take pictures of the scene, if possible;
- Report the collision to the Health and Safety Authority (HSA), where relevant for example, if someone is seriously injured or killed due to the collision. Details can be found at www.hsa.ie

Incident Recording Form

(to be completed by the driver)

Details of Incident	Date:			Time:	
Location of Incident					
Driver					
Vehicle (Make/Model)					
Registration Number					
Type of Incident (Tick ✔)	Road Traffic Collision	Product Spillage	Site Accident	Near Miss	Lost Load
Speed Limit (K/p/h)					
Weather Conditions					
Road Conditions					
Road Signs					

Garda Details		
Was a Garda present?		
When did a Garda arrive at the scene?		
Name of the Garda present		
Rank, Number and Station of the Garda		
Telephone number of Garda		

Details of Any Other Vehicle(s) Involved in the Incident		
Make of Vehicle		
Registration Number of Vehicle		
Name of Owner		
Address of Owner		
Name of Driver		
Address of Driver		
Telephone Number of Driver		
Insurance Company		
Policy Number & Expiry Date		
Description of Damage		
to the Other Vehicle(s)		

Details of Damage to Other Property (if any)		
Type of Property		
Owner's Name		
Address of Owner		
Description of Damage		

Injury Details			
Was anyone injured?			
Was an ambulance called?			
Name of the injured person (s)			
Address of the injured person (s)			
Description of injury (s)			
Witness Details (if any)			
Name of Witness			
Address of Witness			
Telephone Number of Witness			
Brief description of the incident			
Any remedial action taken at the incident scene			
Were photographs taken?			
Driver's Signature		Date:	

BACK COVER



For further information please contact:

Mandate Training Centre
17 Distillery Road
Drumcondra
Dublin 3

Tel: 01 836 9699 www.mandate.ie