



Please complete this form to the best of your knowledge at the time of reporting the incident.

SECTION A: GENERAL INCIDENT DETAILS

Date of Incident

Time of Incident

Use 24-hour clock

Onsite?

☐

Offsite?

☐

Location

Parent location e.g. office in building,
unit, division etc.

Exact location

Address etc..

SECTION B: SUMMARY OF INCIDENT

SECTION C: IMMEDIATE ACTIONS TAKEN

SECTION D: CRASH/COLLISION

How many vehicles were involved?

How many people were involved? (Includes
drivers, passengers and/or pedestrians)

Weather conditions

E.g. raining, freezing, snowing

Other factors

E.g. speed, animal, person

Did this involve... (Tick one only)

Road/Land

☐

Air

☐

Water

☐

Road type

E.g. primary, secondary, motorway

Road conditions

E.g. ice conditions, surface water

SECTION E: VEHICLE 1 DETAILS**VEHICLE 1 PASSENGER DETAILS**

Types of vehicles involved	State vehicles ☐	3 rd party vehicle ☐
Registration No		
Type of vehicle		
Fuel Type (<i>if state vehicle</i>)		
Site on impact		
Estimated damage (€)		
Purpose for Journey (<i>If state vehicle</i>)		
Driver name		
Injury		
Driver Qualification (<i>If State vehicle</i>)		
Name of vehicle owner (<i>If different to driver</i>)		
Vehicle owner contact details		

Name	
Injury	
Name	
Injury	
Name	
Injury	
Additional passenger information (if any)	

SECTION E: VEHICLE 2 DETAILS**VEHICLE 2 PASSENGER DETAILS**

Types of vehicles involved	State vehicles ☐	3 rd party vehicle ☐
Registration No		
Type of vehicle		
Fuel Type (<i>if state vehicle</i>)		
Site on impact		
Estimated damage (€)		
Purpose for Journey (<i>If state vehicle</i>)		
Driver name		
Injury		
Driver Qualification (<i>If State vehicle</i>)		
Name of vehicle owner (<i>If different to driver</i>)		
Vehicle owner contact details		

Name	
Injury	
Name	
Injury	
Name	
Injury	
Additional passenger information (if any)	

SECTION E: VEHICLE 3 DETAILS**VEHICLE 3 PASSENGER DETAILS**

Types of vehicles involved	State vehicles ☐	3 rd party vehicle ☐
Registration No		
Type of vehicle		
Fuel Type (<i>if state vehicle</i>)		
Site on impact		
Estimated damage (€)		
Purpose for Journey (<i>If state vehicle</i>)		
Driver name		
Injury		
Driver Qualification (<i>If State vehicle</i>)		
Name of vehicle owner (<i>If different to driver</i>)		
Vehicle owner contact details		

Name	
Injury	
Name	
Injury	
Name	
Injury	
Additional passenger information (if any)	

SECTION F: PEDESTRIAN DETAILS

Name _____

Injury _____

Contact details _____

Other pedestrian involved details...(if any)

SECTION G: PROPERTY DAMAGE (NON VEHICLE)

Name of property owner _____

Type of property _____

Estimated damage (€) _____

Contact details _____

Other property damage details

SECTION H: SKETCH CRASH/COLLISION (Please attach all photographs/upload to NIMS)

SECTION I: REPORTED BY

Person who discovers the incident and unless otherwise stated within the organisation, this person is responsible for completing the NIRF.

Surname _____

First name _____

Date notified

D	D	M	M	Y	Y	Y	Y
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E.g. Administrator, Cleaner, Manager

Category of person _____

Local system reference no. _____

Reporter Signature _____

Date

D	D	M	M	Y	Y	Y	Y
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Line Manager Signature
(where required) _____

Date

D	D	M	M	Y	Y	Y	Y
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SECTION J: WITNESS DETAILS (Name, Contact No. etc.)

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