Inspectors Ref:

ACCIDENT / INCIDENT FORM

Dublin Bus

Form No. ARF1

PLEASE TICK THE APPROPRIATE BOXES

COMPLETE THIS REPORT IMMEDIATELY AND RETURN IT TO THE DEPOT INSPECTOR NO LATER THAN 24 HOURS AFTER THE ACCIDENT / INCIDENT

SECTION A (to be completed by the Driver)

Accident / incident category - say whether:

Collision (If collision or passenger accident COMPLETE ALL SECTIONS)

Collision & Passenger Accident

Passenger Accident only (If incident complete only Sections E, F, H, M, N, P)

Incident

SECTION B (to be completed by the Driver)

Depot

Day

Date

SECTION C (FOR OFFICE USE ONLY)

Accident Ref

Claim Ref

District Ref

Cost Centre

ACCIDENT / INCIDENT DETAILS

Where accident / incident happened

Opposite Street No.

Time (24 hour)

Daylight Dusk Dark

Weather: Dry Rain Wind Fog Ice Snow

Road Surface: Dry Rain Snow Ice Oil

SECTION D

If COLLISION / PASSENGER ACCIDENT, say whether:

- Property damage only (No passenger in either vehicle)
- Passenger injury only (No collision between vehicles)
- Pedestrian Accident (was pedestrian intending to board bus)
- Collision where passengers on board
- Motorcyclist
- Pedal cyclist

SECTION E

If INCIDENT, say whether:

- Driver assault
- Robbery
- Driver/passenger disputes
- Passenger fights/assaults
- Object/stone throwing
- Soil/damage to clothing
- Graffiti damage/vandalism
- Light fitting removed/fell
- Object thrown from bus
- Damaged seat
- Fire/fumes in bus
- Misbehaviour on bus
- Fare disputes
- First Aid/ambulance call
- Witness of accident near bus
- Damages to bus equipment
- Defacing notices
- Misuse of emergency exits
- Goods damaged

SECTION F

EMPLOYEE AND VEHICLE INVOLVED

Driver pay No (six digits)

Driver Name

Starting time:

Fleet type and No.

Reg. No.

Route No.

Inbound Outbound

TYPE OF SERVICE

In Service

Private Hire

Training

Special

To Garage Yes No

SECTION G (Collision or Passenger Accident only) (continued over)

ACCIDENT OCCURRED AT:

- Junction Garda controlled
- Junction stop sign
- Junction yield sign
- Junction uncontrolled
- Junction traffic lights
- Junction roundabout
- Pedestrian crossing controlled
- Pedestrian crossing uncontrolled
- Corner/bend
- Hump bridge/hill
- Bus stop
- Bus lane
- Terminus
- Narrow road/street
- Straight road
- One way
- Under repair
- Diversion

VEHICLE MOVEMENT:

BAC vehicle STRUCK OTHER vehicle/object

BAC vehicle WAS STRUCK BY OTHER vehicle/object

WHILE

- Going ahead
- Overtaking
- Being overtaken
- Turning right
- Turning left
- Pulling from kerb
- Pulling into kerb
- Reversing
- Stationary

COLLISION WITH:

- Moving motor vehicle
- Parked motor vehicle
- Motor cycle
- Pedal cycle
- Pedestrian
- Fixed object
- Other BAC moving vehicle
- Other BAC parked vehicle
- Heavy goods vehicle/bus
- Animal

SECTION G (continued)

Width of road:

Condition of road:

Distance from kerb:

Last stop before accident:

Speed just before accident: KPH

When Accident occurred: KPH

Was horn sounded by you?
You Yes No
Other driver Yes No

Was signal given by:
You Yes No
Other driver Yes No

Did you apply footbrake? Yes

If yes was brake application:
Gradual Sharp Emergency

Condition of floor of bus:
Good Worn Torn
Uneven Dry Wet

Was bus on proper side? Yes No

Damage to BAC bus:

SECTION H

THIRD PARTY DETAILS Tick 1, 2 or 3 as appropriate for each third party involved. If more than 3 persons involved complete additional form(s).

(1)	(2)	(3)
Name:		
Address:		
Phone No.:		
Approx. age:		

Injured (1) (2) (3)
Yes
No

Male (1) (2) (3)
Female
Child

Bus passenger (1) (2) (3)
Vehicle Driver
Vehicle occupant

Pedestrian
Motor cyclist
Pillion passenger
Pedal cyclist

PASSENGER INJURED WHILE: (1) (2) (3)
Boarding
Alighting
Ascending stairs
Descending stairs

(1) (2) (3)
Entering front door
Entering centre door
Exiting front door
Exiting centre door

(1) (2) (3)
Standing lower
Seated lower
Standing upper
Seated upper

Was passenger holding handrail when accident occurred? (1) (2) (3)
Yes
No

Bus Movement
Stationary In Motion
Accelerating Braking
Turning

TYPE OF ACCIDENT:
(1) (2) (3)
Fall (alcohol related)
Slip/trip (alcohol related)
Fall
Slip/trip

(1) (2) (3)
Thrown/jerk
Struck by fitting
Struck by missile
Caught in front door

(1) (2) (3)
Caught in centre door
Struck by front door
Struck by centre door
Other

If other, please state

SECTION I (Collision or Passenger Accident only)

COMPLETE IF THIRD PARTY WAS INJURED IN ANY WAY

EXTENT OF INJURIES (1) (2) (3)
Fatal
Severe
Minor
None

TYPE OF INJURY (1) (2) (3)
Crush
Stab
Cut
Burn
Strain
Bruise
Object in eye
Other

If other, please state (1) (2) (3)
(1)
(2)
(3)

PARTS OF THE BODY (1) (2) (3)
Arm
Hand
Head
Neck
Back
Chest
Shoulder
Finger
Eye
Abdomen
Leg
Foot
Toe
Other

If other, please state
(1)
(2)
(3)

Was ambulance called? (1) (2) (3)
Yes
No

Was doctor called? (1) (2) (3)
Yes
No

If doctor at or called to the scene give:
Name of doctor:
Address:

Name of hospital:

Phone No.:

SECTION J (Collision or Passenger Accident only)

THIRD PARTY PROPERTY DETAILS

Property / vehicle damaged (1) (2) (3)	(1) Describe property/vehicle damage	(2) Describe property/vehicle damage	(3) Describe property/vehicle damage
Yes			
No			

SECTION K (Collision or Passenger Accident only)

Did the injured party/other person make a comment or accusation? (if so, give particulars)

Comment by:	Comment by:	Comment by:

SECTION L

Complete if third party vehicle was involved

VEHICLE DETAILS FOR THIRD PARTY (1)	VEHICLE DETAILS FOR THIRD PARTY (2)	VEHICLE DETAILS FOR THIRD PARTY (3)
Was third party wearing seat belt?	Was third party wearing seat belt?	Was third party wearing seat belt?
Yes No	Yes No	Yes No
Registration No.	Registration No.	Registration No.
Type of vehicle	Type of vehicle	Type of vehicle
No of occupants	No of occupants	No of occupants
Insurance expiry date	Insurance expiry date	Insurance expiry date
Insurance company	Insurance company	Insurance company
Insurance disc number	Insurance disc number	Insurance disc number
Name	Name	Name
Address	Address	Address
Phone no.	Phone no.	Phone no.
Stationary In motion	Stationary In motion	Stationary In motion

Number of injured persons		Number of fatalities		Number of BAC vehicles involved		Number of third parties involved	
Number of bus passengers				State number of persons in other vehicle			

SECTION M

WITNESS DETAILS (A)	WITNESS DETAILS (B)	WITNESS DETAILS (C)
Name	Name	Name
Address	Address	Address
Phone no.	Phone no.	Phone no.
Where situated	Where situated	Where situated

GARDA

Did a Garda witness accident / incident?

Yes No

Did Garda take Particulars?

Yes No

If so, give his / her

Name

Garda Station

Number

SECTION N

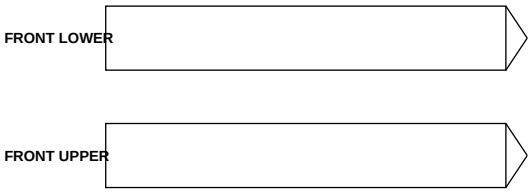
Describe in detail how accident / incident occurred:

Who in your opinion was to blame?

Indicate with an arrow the point of impact and/or the position of passenger when injured:

Point of Impact

Position of Passengers



SECTION O

Sketch scene of accident, indicate directions of vehicles and approximate widths of roads:

SECTION P

I declare that the above report and the particulars given are an accurate reflection of the accident/incident.

Signed by driver: Date:

I have checked this report and confirm that all relevant entries have been fully completed.

Signed by Inspector: Date:

This report is to be filled out in case of an accident/incident of ANY NATURE, in which your bus was involved, or which was witnessed by you and which could give rise to any claim against Bus Atha Cliath.

THIS FORM IS COMPLETED TO MEET THE REQUIREMENTS OF THE COMPANY'S SOLICITOR AND FOR THE PURPOSES OF LITIGATION.