**Road Safety Incident Recording Form**

*After completing the form save it and send to roadsandtransport.rvr@outlook.com*

|  |  |
| --- | --- |
| **Date:** | **Time:** |
|  |  |
| **Exact Location (road names/post code etc):** | **Description of Incident (as much detail as possible):** |
|  |  |
| **Vehicles involved (& Registration numbers):** |
|  |
| **Road conditions:** |
|  |
| **Damage:** | **Injuries:** |
|  |  |
| **Emergency Services attending:** | **Attachments (photographs):** |
|  |  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_