Information about road traffic accident or incident

Generic form for driver, owner and/or user of involved vehicle

Identical form to be sent to: *Document registration*

1) **Accident Investigation Board of Norway**
(AIBN)
P.O Box 213
N-2001 Lillestrøm, Norway
Fax: +47 63 89 63 01
post@aibn.no

GENERAL INFORMATION

Accident/incident date (dd.mm.yyyy):	*Time:*	*Place of accident/incident:*	*County:*	*Road no:*

INFORMATION ABOUT THE TRANSPORT

***Transport company:** (name)*	*Managing director (name)*	*Address*
Post Code / City / Country	*E-mail address*	*Telephone number*

***Principal** (name)*	*Managing director (name)*	*Address*
Post Code / City / Country	*E-mail address*	*Telephone number*

The nature/purpose of the transport:	☐ *Personal* *Number of passengers (specify):*	☐ *Cargo* *Type and quantity of cargo (specify):*	
	☐ *Compulsory permit* *Permit number (specify):*	☐ *Own transport* ☐ *School/Practice* ☐ *Private*	☐ *Other (specify):*
Assignment type:	☐ *Regular assignment* ☐ *Single assignment*		
Any additional comments:			

INFORMATION ABOUT ROUTE

Point of departure:	*Departure time:*	*Destination:*	*Planned time of arrival:*

What time requirements were set for the transport?

What knowledge did the driver possess of the relevant route?

Any additional comments:

INFORMATION ABOUT THE VEHICLE

Type of vehicle and trailer if applicable:	*License plate:*	*Year:*
Date of most recent check/service:	*Date of most recent periodic inspection, roadside inspection if applicable:*	
Does the vehicle have service agreements, and if so, with whom:		
Knowledge of faults and/or deficiencies with the vehicle, and if so, what:		
Any additional comments:		

DESCRIPTION OF DAMAGE TO THE VEHICLE

Will the vehicle be repaired? ☐ *Yes* ☐ *No* ☐ *Unknown*	*If "yes", by whom? Name:*
Name of insurance company:	

INFORMATION ABOUT THE DRIVER

Personal information

Personal identification No.	*Name (last, first, middle)*		*Address*	
Postal Code / City / Country		*E-mail address*	*Telephone number*	
Nationality	*Driver's license class*		*Issue date:*	*Expiry Date:*
Certificate of competence in addition to driving licence				*Number of years as professional driver*
Medical restrictions				
Any additional comments:				

Working Relationship

Employer:				*Number of years with your current employer:*	
Type of employment:	☐ *Permanent* ☐ *Temporary*	*Salary:*	☐ *Hour* ☐ *Km*	☐ *Trip* ☐ *Fixed*	☐ *Other (specify):*
Any additional comments:					

Driving and resting time *(applies until the time of the accident/incident)*

Number of hours since most recent break	
Number of hours since most recent 24 hour resting period	
At what time did the working day start	
Length of most recent sleep period	
Average number of hours of sleep per 24 hours in the past week	

Work load *(applies until the time of the accident/incident)*

Working hours for the past 24 hours	
Working hours for the past 7 days	
Working hours for the past 30 days	

Meals *(applies until the time of the accident/incident)*

Number of meals during the past 24 hours	

Number of hours since most recent meal	

SAFETY INFORMATION

What safety checks were carried out before transport started? Or en route, if applicable?
How was the cargo secured, if applicable?
What requirements were set for securing the cargo, if applicable??
What other safety-related requirements were set for the transport?
What was done to make sure the assignment and transport could be carried out in a safe manner?
How does the employer follow up regulations on working hours, driving and resting for the drivers?
Any additional comments:

PREVIOUS ACCIDENTS/INCIDENTS

*Number of transport-related accidents/incidents in **the company** with personal injuries or extensive material damage:*
*Number of transport-related accidents/incidents including **this driver** with personal injuries or extensive material damage:*
Any additional comments:

USE OF SEATBELTS

Use of seatbelt Driver	*In use*	☐	*Use of seatbelts, passengers*	*In use*	☐
	Not in use	☐		*Not in use*	☐
	Not installed	☐		*Not installed*	☐
Any additional comments:					

CONTACT INFORMATION

***Safety delegate** (name)*	*E-mail address*	*Telephone number*
***HSE supervisor** (name)*	*E-mail address*	*Telephone number*
***Safety adviser** for hazardous goods (name)*	*E-mail address*	*Telephone number*

INFORMATION ABOUT THE TRAFFIC SITUATION AND ROAD ENVIRONMENT

What was the traffic situation and road environment prior to the accident? *(For example: Road characteristics; light, weather and road conditions; road surface; signs and markings; visibility; the roadside area; road construction/temporary solutions; other road-users; distracting elements)*

Course of events

Description of the course of events (factual):

Causes

In your opinion, what were the main causes of the accident?

It is hereby confirmed that the information provided above is complete and correct

Place	***Date***	***Signature***

Position/function::	*Print Name:*