



Form B2 – Road Traffic Accidents

	Date of incident / /	Collision time :
Casualty class	<input type="checkbox"/> Driver or rider <input type="checkbox"/> Pedestrian <input type="checkbox"/> Vehicle or pillion passenger <input type="checkbox"/> Not known	
If child the was driver or passenger or a pedestrian. Type of vehicle that hit the child	<input type="checkbox"/> Pedal cycle <input type="checkbox"/> Motorcycle ≤ 50 cc <input type="checkbox"/> Motorcycle > 50 cc and ≤ 125 cc <input type="checkbox"/> Motorcycle > 125 cc and ≤ 500 cc <input type="checkbox"/> Motorcycle > 500 cc <input type="checkbox"/> Taxi / private hire car <input type="checkbox"/> Car <input type="checkbox"/> Minibus (8-16 passenger seats) <input type="checkbox"/> Bus or coach (17 or more passenger seats)	<input type="checkbox"/> Other motor vehicle <input type="checkbox"/> Other non-motor vehicle <input type="checkbox"/> Ridden horse <input type="checkbox"/> Agricultural vehicle (include diggers, etc) <input type="checkbox"/> Tram / Light rail <input type="checkbox"/> Goods vehicle ≤ 3.5 tonnes mgw <input type="checkbox"/> Goods vehicle > 3.5 tonnes mgw and < 7.5 tonnes mgw <input type="checkbox"/> Goods vehicle > 7.5 tonnes mgw <input type="checkbox"/> Not known
Age of driver of vehicle that hit the child		
Breath test of driver of vehicle that hit the child	<input type="checkbox"/> Not applicable <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not requested	<input type="checkbox"/> Refused to provide <input type="checkbox"/> Driver not contacted at time of accident <input type="checkbox"/> Not provided (medical reasons) <input type="checkbox"/> Not known
If child was the driver or passenger. Type of vehicle child was in	<input type="checkbox"/> Pedal cycle <input type="checkbox"/> Motorcycle ≤ 50 cc <input type="checkbox"/> Motorcycle > 50 cc and ≤ 125 cc <input type="checkbox"/> Motorcycle > 125 cc and ≤ 500 cc <input type="checkbox"/> Motorcycle > 500 cc <input type="checkbox"/> Taxi / private hire car <input type="checkbox"/> Car <input type="checkbox"/> Minibus (8-16 passenger seats) <input type="checkbox"/> Bus or coach (17 or more passenger seats)	<input type="checkbox"/> Other motor vehicle <input type="checkbox"/> Other non-motor vehicle <input type="checkbox"/> Ridden horse <input type="checkbox"/> Agricultural vehicle (include diggers, etc) <input type="checkbox"/> Tram / Light rail <input type="checkbox"/> Goods vehicle ≤ 3.5 tonnes mgw <input type="checkbox"/> Goods vehicle > 3.5 tonnes mgw and < 7.5 tonnes mgw <input type="checkbox"/> Goods vehicle > 7.5 tonnes mgw <input type="checkbox"/> Not known

Form B2 – Road Traffic Accidents (cont.)

Breath test of driver of vehicle that child was in	<input type="checkbox"/> Not applicable <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not requested	<input type="checkbox"/> Refused to provide <input type="checkbox"/> Driver not contacted at time of accident <input type="checkbox"/> Not provided (medical reasons) <input type="checkbox"/> Not known
Did vehicle have restraints?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	Were restraints used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Did vehicle have air bags?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	Did airbags deploy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Was airbag switched on?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
If child was passenger: Age of driver of vehicle that child was in	Passenger position <input type="checkbox"/> Front seat passenger <input type="checkbox"/> Rear seat passenger <input type="checkbox"/> Other	
If child was pedestrian (pedestrian location)	<input type="checkbox"/> In carriageway, crossing on pedestrian crossing facility <input type="checkbox"/> In carriageway, crossing within zig-zag lines at crossing approach <input type="checkbox"/> In carriageway, crossing within zig-zag lines at crossing exit <input type="checkbox"/> In carriageway, crossing elsewhere	<input type="checkbox"/> On central refuge island or central reservation <input type="checkbox"/> In centre of carriageway, not on refuge island or central reservation <input type="checkbox"/> In carriageway, not crossing <input type="checkbox"/> On footway or verge <input type="checkbox"/> Not known <input type="checkbox"/> Other, (please specify):
If pedal cycle or motor cycle, was a helmet worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	