



Form B5 – Road Traffic Accident

MSCB Reference

CD11/12 xxxx

Form B5 – Road Traffic Accident

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 was the driver or passenger or a pedestrian. Type of vehicle that hit the child			
<input type="checkbox"/>	Pedal cycle	<input type="checkbox"/>	Other motor vehicle
<input type="checkbox"/>	Motorcycle \leq 50 cc	<input type="checkbox"/>	Other non-motor vehicle
<input type="checkbox"/>	Motorcycle > 50 cc and \leq 125 cc	<input type="checkbox"/>	Ridden horse
<input type="checkbox"/>	Motorcycle > 125 cc and \leq 500 cc	<input type="checkbox"/>	Agricultural vehicle (include diggers etc)
<input type="checkbox"/>	Motorcycle > 500 cc	<input type="checkbox"/>	Tram / light rail
<input type="checkbox"/>	Taxi / private hire car	<input type="checkbox"/>	Goods vehicle \leq 3.5 tonnes mgw
<input type="checkbox"/>	Car	<input type="checkbox"/>	Goods vehicle > 3.5 tonnes mgw and < 7.5 tonnes mgw
<input type="checkbox"/>	Minibus (8 – 16 passenger seats)	<input type="checkbox"/>	Goods vehicle > 7.5 tonnes mgw
<input type="checkbox"/>	Bus or coach (17 or more passenger seats)	<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"/>	Refused to provide
<input type="checkbox"/>	Positive	<input type="checkbox"/>	Driver not contacted at time of accident
<input type="checkbox"/>	Negative	<input type="checkbox"/>	Not provided (medical reasons)
<input type="checkbox"/>	Not requested	<input type="checkbox"/>	Not known
If child was the driver or passenger. Type of vehicle the child was in			
<input type="checkbox"/>	Pedal cycle	<input type="checkbox"/>	Other motor vehicle
<input type="checkbox"/>	Motorcycle \leq 50 cc	<input type="checkbox"/>	Other non-motor vehicle
<input type="checkbox"/>	Motorcycle > 50 cc and \leq 125 cc	<input type="checkbox"/>	Ridden horse

- | | |
|---|--|
| <input type="checkbox"/> Motorcycle > 125 cc and ≤ 500 cc | <input type="checkbox"/> Agricultural vehicle (include diggers etc) |
| <input type="checkbox"/> Motorcycle > 500 cc | <input type="checkbox"/> Tram / light rail |
| <input type="checkbox"/> Taxi / private hire car | <input type="checkbox"/> Goods vehicle ≤ 3.5 tonnes mgw |
| <input type="checkbox"/> Car | <input type="checkbox"/> Goods vehicle > 3.5 tonnes mgw and < 7.5 tonnes mgw |
| <input type="checkbox"/> Minibus (8 – 16 passenger seats) | <input type="checkbox"/> Goods vehicle > 7.5 tonnes mgw |
| <input type="checkbox"/> Bus or coach (17 or more passenger seats) | <input type="checkbox"/> Not known |

Breath test of driver of vehicle that child was in

- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Refused to provide |
| <input type="checkbox"/> Positive | <input type="checkbox"/> Driver not contacted at time of accident |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Not provided (medical reasons) |
| <input type="checkbox"/> Not requested | <input type="checkbox"/> Not known |

- | | | | |
|------------------------------|------------------------------------|-----------------------|------------------------------------|
| Did vehicle have restraints? | <input type="checkbox"/> Yes | Were restraints used? | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No | | <input type="checkbox"/> No |
| | <input type="checkbox"/> Not known | | <input type="checkbox"/> Not known |

- | | | | |
|----------------------------|------------------------------------|---------------------|------------------------------------|
| Did vehicle have air bags? | <input type="checkbox"/> Yes | Did airbags deploy? | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No | | <input type="checkbox"/> No |
| | <input type="checkbox"/> Not known | | <input type="checkbox"/> Not known |

- Was airbag switched on?
- Yes
- No
- Not known

If child was passenger

Give age of driver of vehicle that child was in:

- Passenger position
- Front seat passenger Rear seat passenger
- Other

If child was pedestrian (pedestrian location)

- | | |
|---|---|
| <input type="checkbox"/> In carriageway, crossing on pedestrian crossing facility. | <input type="checkbox"/> In centre of carriageway, no on refuge island or central reservation |
| <input type="checkbox"/> In carriageway, crossing within zig-zag lines at crossing approach | <input type="checkbox"/> In carriageway, not crossing |
| <input type="checkbox"/> In carriageway, crossing within zig-zag lines at crossing exit | <input type="checkbox"/> On footway or verge |
| <input type="checkbox"/> In carriageway, crossing elsewhere | <input type="checkbox"/> Not known |

On central refuge island or central reservation

Other (please specify):

If pedal cycle of motor cycle, was a helmet worn?

Yes

No

Not known