

At Scene Collision Report Form

Complete this form at the scene of the collision as soon as it is safe to do so. Where possible take photographs at the scene to support your evidence.

| | |
|--------------------------------|--|
| Incident ref (office use only) | |
| Date and time of incident | |
| Name | |

Incident details

| | | | |
|-----------------------------------------------------------|--------------------------------|----------------------------|-------------------------------------------|
| Road name and/or no. | | | |
| Direction | | | |
| Location (nearest town, county and / or GPS co-ordinates) | | | |
| Police involvement | Y <input type="checkbox"/> | N <input type="checkbox"/> | Officer shoulder no. <input type="text"/> |
| Police station | Crime no. <input type="text"/> | | |

Provide an outline statement covering the movement of your vehicle at the time of collision. This should include speed, signals, warning given etc

| | | |
|------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pictures taken of (tick all that apply): | | At the scene tips <ul style="list-style-type: none"> Do not admit liability Do not provide a statement to any person other than a police officer Contact your traffic office if you are in any doubt about the roadworthiness of your vehicle |
| Vehicle position | <input type="checkbox"/> | |
| Damage to vehicles/ property | <input type="checkbox"/> | |
| Persons involved | <input type="checkbox"/> | |
| Surrounding area | <input type="checkbox"/> | |

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| Third party contact details | | | |
|-----------------------------|--|-------|--|
| Name | | | |
| Address | | | |
| | | | |
| | | | |
| Telephone | | Email | |

| Third party vehicle details | | | |
|-----------------------------|--------------------------------|--------------------------------|-----------------------------------------------------------------------|
| Vehicle registration | | | |
| Make | | Model | |
| Colour | | No of occupants | |
| Insurance co | | | |
| Policy no | | | |
| Damage | Major <input type="checkbox"/> | Minor <input type="checkbox"/> | None <input type="checkbox"/> Not Applicable <input type="checkbox"/> |

| Third party injury details | | | | |
|----------------------------|--------------------------------|----------------------------------|---------------------------------|-----------------------------------------------------------------------|
| Injury severity | Fatal <input type="checkbox"/> | Serious <input type="checkbox"/> | Slight <input type="checkbox"/> | None <input type="checkbox"/> Not applicable <input type="checkbox"/> |

Continue on separate sheet if more than one other party is involved

| Details of witness 1 | | Details of witness 2 | |
|----------------------|--|----------------------|--|
| Name | | Name | |
| Address | | Address | |
| | | | |
| | | | |
| Telephone | | Telephone | |
| Email | | Email | |

| Additional notes |
|------------------|
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