

ACCIDENT REPORT**PLEASE COMPLETE ALL PARTS OF THE REPORT**

Date of Report			
If someone else has completed this form on behalf of the driver please confirm in what capacity-	Hire Company	Insurer	Other Please Specify:
Person Reporting			
Badge No.			
Address			
Time & Date of Accident			
Location of Accident			
Vehicle(s) Involved (Inc third party vehicles)	Vehicle 1 (Licensed Drivers Vehicle)	Vehicle 2 (3 rd Party Vehicle)	Vehicle 3 (3 rd Party Vehicle)
Make			
Model			
Reg			
Driver			
Owner			
PV/HC number			
Damage to vehicle			
Vehicle Roadworthiness- PH/HC Vehicle only: Slip Provided	Pass Fail	Pass Fail	Pass Fail
Description of Accident			

Updated May 2019

Were any passengers being carried in the licensed vehicle? If so, how many?	Yes No
Were any injuries sustained by any passengers in the licensed vehicle? If so, please give detail	Yes No
Were any passengers being carried in the 3 rd party vehicle? If so, how many?	Yes No
Were any injuries sustained by any passengers in the 3 rd party vehicle? If so, please give detail	Yes No
Did the Police attend the accident scene? If yes please give detail/ Police Ref number	Yes No
Did an Ambulance attend the accident scene? If yes please give details	Yes No
Have you as the Licensed Driver sought medical attention since the accident/incident? If so please provide details	GP Hospital
<input type="checkbox"/> <i>I declare that following my involvement in the accident reported above, I am fit to continue to drive. If there are any changes to my fitness, I will notify the Licensing Department in accordance with the conditions of my licence.</i> <input type="checkbox"/> <i>The driver has confirmed that he/she is not fit to drive. The driver licence will be suspended upon receipt of confirmation from a medical professional. Confirmation will also need be provided from the GP when they are fit to drive.</i>	
SIGNED..... NAME.....	
Additional Notes	

Declaration

This Accident Report consisting of 2 pages, signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything that I know to be false or do not believe to be true

SIGNED: **DATED:**

