

# Vehicle and plant motor accident / damage report form

THIS FORM IS TO BE COMPLETED AND RETURNED WITHIN 24 HOURS OF THE INCIDENT TO:

Hampshire Transport Management  
Unit C, Bar End Road  
Bar End Industrial Estate  
Winchester  
Hampshire SO23 9NR  
— for HTM Vehicles

OR

Passenger Transport Group  
County Surveyor's Department  
The Castle  
Winchester  
Hampshire SO23 8UD  
— for school owned minibuses

OR

The Chief Executive  
Legal Practice  
The Castle  
Winchester  
Hampshire SO23 8UJ  
— for others

This document is for use when a vehicle is involved in an incident where repairs are required or legal proceedings/complaints may follow. It should be completed every time a vehicle sustains damage or damages any other vehicle or third party property.

As many details as possible should be completed at the scene of the accident. Liability must not be admitted nor the question of blame discussed with anyone at the time of the accident. Do not enter into any correspondence with the third party but send all communications to H.T.M. immediately upon receipt.

HAMPSHIRE COUNTY COUNCIL VEHICLE	Reg. No..... Make / Type ..... Department and Section to which attached ..... User, if different from above .....
ACCIDENT DETAILS	Date ..... Time ..... Road No. .... Place ..... Traffic: Light/Dense. Visibility ..... Weather .....
HAMPSHIRE COUNTY COUNCIL DRIVER	Name in full ..... Date of Birth ..... Address ..... Driver No..... Year of first issue of licence ..... If within last 12 months, date test passed..... No. of previous accidents ..... Any motoring convictions? YES/NO ..... State NONE, or give details..... Job title ..... Telephone No.....
JOURNEY	Purpose of journey ..... Name of officer authorising journey ..... Telephone No. .... Number of passengers .....
DAMAGE TO HAMPSHIRE COUNTY COUNCIL VEHICLE	Give full details of damage ..... State point of impact..... Is vehicle still in use? ..... Vehicle base ..... Vehicle can be inspected at .....
OTHER VEHICLES INVOLVED	Reg. No.....Make / Type ..... Damage to other vehicle ..... State point of impact..... Driver's name and address ..... Owner's name and address ..... Was any statement volunteered? ..... Insured by ..... Policy No..... Vehicle can be inspected at.....
DAMAGE TO PROPERTY/ INJURY TO ANIMALS	State details and owner's name and address ..... ..... ..... .....
PERSONS INJURED	Name and address ..... Injury sustained ..... Taken to hospital?..... If so, name of hospital.....

