

# LANCASTER TRAINING SERVICES LTD



## TRAFFIC ACCIDENT REPORT OF AN INCIDENT IN RESPECT OF WHICH LEGAL CLAIMS OR PROCEEDINGS ARE ANTICIPATED

Instructions to the driver: -

1. You must not admit liability by word or deed or even discuss the question of blame.
2. Should a police officer appear on the scene, await the officers' permission before continuing your journey. If the officer requires the location of the operating centre this should be given. If the officer requires the name of your Insurance Company this should also be given if known. Should the officer require you to make a statement you are advised that there is no legal compulsion for you to do this? You may always give the statement to the police at a later date if you wish.
3. Report the accident to The Training/Assistant Training Manager as soon as possible.
4. Give your name and address and that of you employer to any person who has reasonable grounds for requiring this information, e.g. Driver of the other vehicle. If no exchange of names and addresses takes place and no personal injury is involved you must report the incident to any Police Station as soon as possible or at least within 24 hours.  
If personal injury is involved and a police Officer is not present, even if an exchange of names and address does take place, you must still report the incident at the nearby Police Station as soon as possible or at least within 24 hours.
5. Before continuing your journey make sure your vehicle is in a road worthy condition. Before leaving the scene of the accident fill in particulars A to D and make a sketch of the scene.

A. Date: ..... Time .....

Exact Location .....

Policeman attending scene: Name ..... No .....

Station/Branch .....

B. Other Vehicle/s or object/s involved: Make/Model/Reg No. etc. If more than one continue on additional sheet

Make ..... Model.....Reg no.....

Drivers Name .....Address .....

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Nature of damage in fullest detail – note any previous defects.

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Can be seen at:..... Tel:.....

C. Witnesses: Names - Addresses - Tel No.

1.....

2.....

D. Injured person/s Names - Addresses - Tel No. - Nature of injury – Hospitalised

1.....

2.....

E. Own Vehicle: Make..... Reg No.....

F. Damage to our vehicle in fullest detail.

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G. Particulars of driver:

Name.....Age.....

Address.....

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Driving experience: All vehicles.....years .....months

Vocational vehicles.....years .....months

Total driving time on the date of the accident.....hours .....minutes

Total driving time since last break period.....hours .....minutes

H. Conditions :

Weather e.g. raining/dry .....Road e.g. wet/icy.....

Visibility e.g. fog/mist ..... Road surface .....

Light e.g. bright/dark .....Traffic e.g. busy.....

Additional .....

I. Speed of own vehicle:

Speed of other vehicle:

On approach.....m.p.h

On approach.....m.p.h

On impact.....m.p.h

On impact.....m.p.h

J. Sketch of the scene (overleaf) and/or take photos (attach) of accident which should include:

1. Road layout and all widths
2. Position of vehicle on impact
3. Position of vehicle before and after impact with direction of travel shown
4. Position and length of all skid marks
5. Islands, obstructions, tramlines etc.
6. Street names
7. Village names or distances away
8. White lines and studs in the roadway
9. Warning signs, traffic signals and pedestrian crossings.

Space below may be used for statement.

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**Drivers/Instructor Declaration:**

I declare that the above particulars and my signed statement are a true record in every respect.

Date ..... Drivers signature .....

Date ..... Instructor signature .....

**Management Certificate**

I have checked the above details in the driver’s presence, and I certify that the vehicle was engaged in carrying out the authorised business of this firm.

Date ..... Signature ..... Position .....



Richard W Little – Chairman

<b>Document Control</b>	
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