This section provides all the necessary information you will need to obtain to correctly deal with an accident.

Copies of this note section are available from the Intranet

**Issue 2014** 

# **Drivers Handbook**

# **Accident Supplement**

Operational Support Hub: 01803

550405

Garage: 01803 402952

TOR2 Fleet Office: 01803 402987



#### This paperwork needs to be carried with you in the vehicle

# **Accident Scene Report Form**

Date								
Time of day		am	pm					
Weather conditions (e.g. sunny / dark / stormy etc)								
Roadway conditi wet / icy etc)	ons (e.g. dry /							
Accident location	١							

#### **Third Parties Details**

		I			
Driver's first nam	ne				
Driver's last nam	ne				
Address					
City					
Postcode					
Phone number					
Driver's licence r	no.				
Date licence valid to					
Class					
Date of birth			Sex	М	F

### **About the Third Parties Vehicle**

What type of vehicle were they driving? Write down the make, model and year.	
Registration number	
Tax expiration date	
Are they driving a company vehicle?	
Company name	
Company telephone	

# **Third Parties Insurance Information** Insurance name Agent or name of producer Telephone number Policy number Expiration date Insured driver's name (if different from driver of vehicle)

Address	
City	
Postcode	

## Witness List: People in the vehicle you were driving

Name	
Address	
City	
Telephone number	
Name	
Address	
City	
Telephone number	
Name	
Address	
City	
Telephone number	

## Witness List: People who saw the accident who were not in the vehicle you were driving

Name	
Address	
City	
Telephone number	
Name	
Address	
City	
Telephone number	
Name	
Address	
City	
Telephone number	

# **Investigating Officer**

Name		
Badge number		
City		
Did the inv	estigating c	officer take photos of the accident scene?
Yes	No	

#### **Your Driver's Licence Information**

Full name	
Address	
Driver licence no.	
Class of licence	
Date licence valid to	
Any restrictions?	

### **Your Insurance Information**

Insurance company	Zurich Municipal
Policy number	QLA-05U006-0013-52
Insured driver	Torbay Council
Fleet Office	01803 402987
Vehicle make	
Vehicle model	
Vehicle year	
Vehicle registration / fleet number	

#### **Accident scene diagram pages**

- Place your vehicle on the diagram
- Place the vehicle that you had the accident with on the diagram
- Place any traffic lights or road signs on the diagram
- Place any other vehicles on the diagram as you remember

# Roadways

