**Collision Reporting Checklist – Collision Involving Your Own Vehicles**

When you are driving your own vehicle for work purposes your own insurance policy will be triggered if there is a collision which you could have prevented. You’ll need to follow the instructions that your insurance company give you. In addition, please complete this document to enable our line manager to carry out an investigation.

**Information required on the third party driver:**

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| 1. Date, time, and location of the accident. |
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| 2. Identification details of the vehicle(s) involved and make and model, condition, colour and registration number etc. |
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| 3. Full name and address and date of birth of all parties in the vehicle(s) including passengers. |
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| 4. Occupations |
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| 5. Other details on third party driver and passengers, e.g. telephone numbers, email address, and insurer (if known). |
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| 6. Circumstances of accident. |
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| 7. Owners of the vehicle involved if different to the driver. |
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| 8. Number of passengers in vehicle and which seats they occupied in the vehicle. |
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| 9. Did you notice if seat belts fitted and in use in the third party vehicle? Do you suspect that the third party driver was using a mobile phone whilst driving? |
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| 10. Was the third party driver(s) or passenger(s) under the influence of drink or drugs? |
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| 11. Purpose of journey. |
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| 12. Weather conditions prior to and at the time of the accident, e.g. heavy rain and standing water on road |
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| 13. Environmental factors e.g. speed vehicles appeared to be travelling at, amount of traffic on the road, external  factors linked to the accident. |
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| 14. Immediate post accident actions e.g. road blocked and traffic stopped, or traffic kept passing the collision. |
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| 15. Details of witnesses – name, address, phone number. |
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| 16. Identification of Police Officers at the scene including station, force and contact details. |
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| 17. Were any conversations held at the scene? Give details. |
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| 18. Take specific photographs of the accident scene |

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| * From the drivers seat looking out in different directions. * Of the vehicle damage to your vehicle and the third party vehicle(s). * Of the other side of your vehicle and the third party vehicle to record the vehicle condition including any pre existing   damage.   * Of the accident environment including road signs, junction markings, street furniture etc. * Of the position of both vehicles, tyre skid marks, damage to buildings and street furniture etc. |
| 19. Please describe the damage to your vehicle and the third party vehicle and make a note of sides of your vehicle and the third party vehicle that are not damaged. |
| 20. Please record the name and address of any witnesses along with telephone numbers and emails and details of where they were when the accident occurred. These details should include any passengers in your vehicle. |
| 21. Please make a note of your depot or office location and whether any CCTV from cameras you’ve fitted to your vehicle. |
| 22. Draw a quick sketch of the accident layout. Please include lane markings, road signs, landmarks etc. |
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Please hand this form to your line manager.