



STAFFING MATCH



Accident Pack
2018

To be completed within 24 hours of the date of the incident

CLIENT NAME		CUSTOMER SITE	
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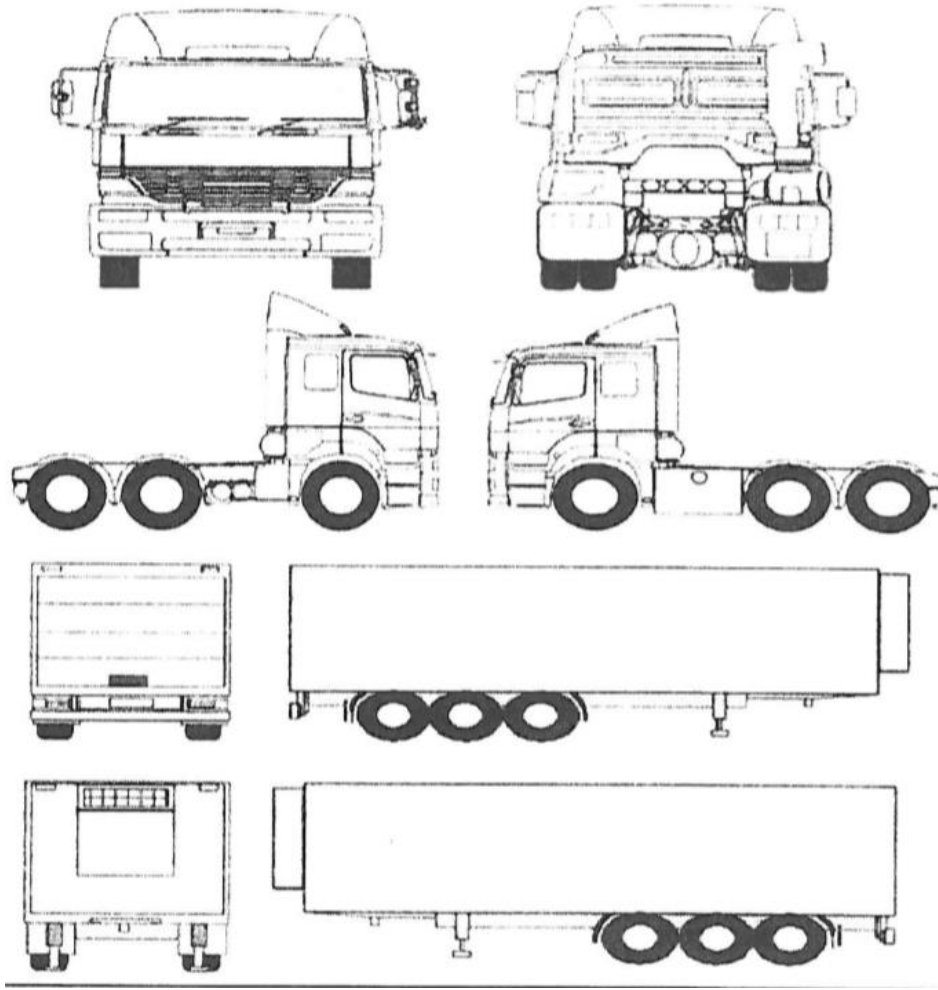
DRIVERS DETAILS			
FIRST NAME(S)		SURNAME	
TELEPHONE NUMBER:		MOBILE NUMBER	
ADDRESS			
		POSTCODE	
	AGENCY		

REPORT COMPLETED BY			
NAME		JOB TITLE	
SIGNATURE		DATE OF COMPLETION	

Vehicle Incident Report

VEHICLE DETAILS - Please note both unit and trailer must be recorded regardless of which sustained damage

REGISTRATION NUMBER		TRAILER NO.			
MAKE/MODEL		HIRED FROM (IF APPLICABLE)			
CAMERA FITTED?	Yes / No	DATE OF LAST MOT			
DATE OF LAST SERVICE		PURPOSE OF JOURNEY			
CURRENT LOCATION		ROADWORTHY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Yes / No</td> <td style="width: 50%;">RECOVERY AGENT</td> </tr> </table>	Yes / No	RECOVERY AGENT
Yes / No	RECOVERY AGENT				

DAMAGE SUSTAINED	
<p>PLEASE WRITE A WRITTEN DESCRIPTION OF THE DAMAGE SUSTAINED:</p>	

WITNESS DETAILS			
NAME		CONTACT NO.	
ADDRESS		EMAIL ADDRESS	
LOCATION OF WITNESS	Our Passenger / TP Passenger / Onlooker	WITNESS INDEPENDENT	Yes / No
DATE OF LAST SERVICE		PURPOSE OF JOURNEY	

WITNESS DETAILS			
NAME		CONTACT NO.	
ADDRESS		EMAIL ADDRESS	
LOCATION OF WITNESS	Our Passenger / TP Passenger / Onlooker	WITNESS INDEPENDENT	Yes / No
DATE OF LAST SERVICE		PURPOSE OF JOURNEY	

WITNESS DETAILS			
NAME		CONTACT NO.	
ADDRESS		EMAIL ADDRESS	
LOCATION OF WITNESS	Our Passenger / TP Passenger / Onlooker	WITNESS INDEPENDENT	Yes / No
DATE OF LAST SERVICE		PURPOSE OF JOURNEY	

ADDITIONAL COMMENTS / INFORMATION

I hereby confirm the information in the form is a true and accurate representation of the facts to the best of my knowledge			
DRIVER SIGNATURE		SUPERVISOR SIGNATURE	

Third Party Details

REGISTRATION NUMBER		MAKE / MODEL	
NAME		CONTACT NUMBER	
ADDRESS			
INSURER		POLICY NUMBER	
DAMAGE SUSTAINED			
WAS THERE ANY EXISTING DAMAGE? IF SO, PLEASE DESCRIBE DAMAGE AND AREA			
PHOTOS TAKEN	Yes / No	ROADWORTHY	Yes / No
RECOVERY REQUIRED	Yes / No		
No. OF PASSENGERS		ANY MINORS	Yes / No
INJURIES TO PASSENGERS	Yes / No	AMBULANCE CALLED / HOSPITAL ATTENDED	
INJURY DETAILS THIRD PARTY (DRIVER)			
INJURY SEVERITY	Fatal / Severe / Moderate / Minor		
INJURY DETAILS (PASSENGER)			
INJURY SEVERITY	Fatal / Severe / Moderate / Minor		
NAME AND ADDRESS OF INJURED PARTIES			

SKETCH OF INCIDENT

A large, empty rectangular box with a thin black border, intended for a sketch or drawing of an incident.

DETAILS OF INCIDENT

Please provide a full and accurate description of the incident circumstances in as much detail as possible. Please include road names / numbers and exact direction of travel / lane information

[Empty text area for incident details]

I hereby confirm the information above is a true and accurate representation of the facts to the best of my knowledge.

Driver Signature		Supervisor Signature	
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Incident Details

DATE OF INCIDENT		TIME OF INCIDENT	
ACCIDENT LOCATION			
YOUR SPEED		SPEED LIMIT	
WEATHER CONDITIONS		ROAD CONDITIONS	
POLICE INVOLVED	Yes / No	POLICE REFERENCE NUMBER	
WAS OUR DRIVER INJURED	Yes / No	DETAILS OF INJURY	
FAULT			
CAMERA FOOTAGE AVAILABLE	Yes / No	PHOTOGRAPHS TAKEN	Yes / No
IF NO TO EITHER OF THE ABOVE PLEASE CONFIRM THE REASON			

Please attach photographs to the pack