



Vehicle and plant motor incident/damage report form

This form is to be completed and returned within 24 hours of the incident to:

Hampshire Transport Management (HTM)
Unit C Bar End Industrial Estate
Bar End Road
Winchester
Hampshire SO23 9NR

Email: htm@hants.gov.uk

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 HTM immediately upon receipt.

HAMPSHIRE COUNTY COUNCIL VEHICLE

Reg. no. Make / Type
Department and section to which attached
User (if different from above)

HAMPSHIRE COUNTY COUNCIL DRIVER

Name in full
Work tel no. Work email

ACCIDENT DETAILS

Date Time Road No.
Place
Traffic: Light/Dense Visibility..... Weather

JOURNEY

Name of Manager authorizing journey
Manager's tel no. Manager's email
Number of passengers

DAMAGE TO HCC VEHICLE

Give full details of damage (Please attach photograph).....
State point of impact
Is vehicle still road worthy?.....

OTHER VEHICLES INVOLVED

Reg. No Make / Type.....
Damage to other vehicle
State point of impact (Please attach photograph)..... Liability accepted?.....
Driver's name and address.....
Insured by Policy No

PERSONS INJURED

Full name
Injury sustained
Taken to hospital? Yes No If so, name of hospital

