HTM
Transport made easy

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 .....

POLICE

Did the police attend? Yes ☐ No ☐ Officer Name and Number .....

WITNESSES

Name..... Name.....

Address ..... Address .....

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Telephone No..... Telephone No.....

SKETCH PLAN OF ACCIDENT

Give all details showing position of vehicles / persons concerned before and immediately after accident. Show road markings, measurements and layout, also indicate which vehicle is which and indicate direction of travel by arrow.

Immediately before	*Immediately after*

Speed of Hampshire County Council vehicle immediately before accident ..... m.p.h. and at time of accident ..... m.p.h.

Estimated speed of other vehicle before accident ..... m.p.h. and at time of accident ..... m.p.h.

If the driver is unable to make a report for whatever reason the information must be furnished by another officer.

HAMPSHIRE COUNTY COUNCIL DRIVERS STATEMENT MANDATORY THIS SECTION MUST BE COMPLETED

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I declare that to the best of my knowledge the details given are true.

Signed.....(Driver) Date.....

Signed..... (Manager) Date.....

The data you provide to HTM will be treated in accordance with Data Protection Legislation and will only be used for the sole purpose of processing the accident insurance claim. Please see our website Privacy Policy page for full details: www.hants.gov.uk/business/htm/data-protection