

**SCIENCE & TECHNOLOGY FACILITIES COUNCIL**

In the event of an accident complete the attached form showing the Council Insurance Policy details and hand to the other driver. **At no time should a member of staff apologise, admit blame or accept liability at the scene.**

**BRIEF ACCIDENT REPORT FORM**

This form should also be completed and returned to respective Site Transport Managers where a full accident report will be required to be completed.

---

**Other Driver Details:**

Name and Address:

\_\_\_\_\_ Vehicle Make: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Vehicle Registration No: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Insurance Company: \_\_\_\_\_

---

**Witness Details:**

Name and Address:

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address:

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Incident Details:**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

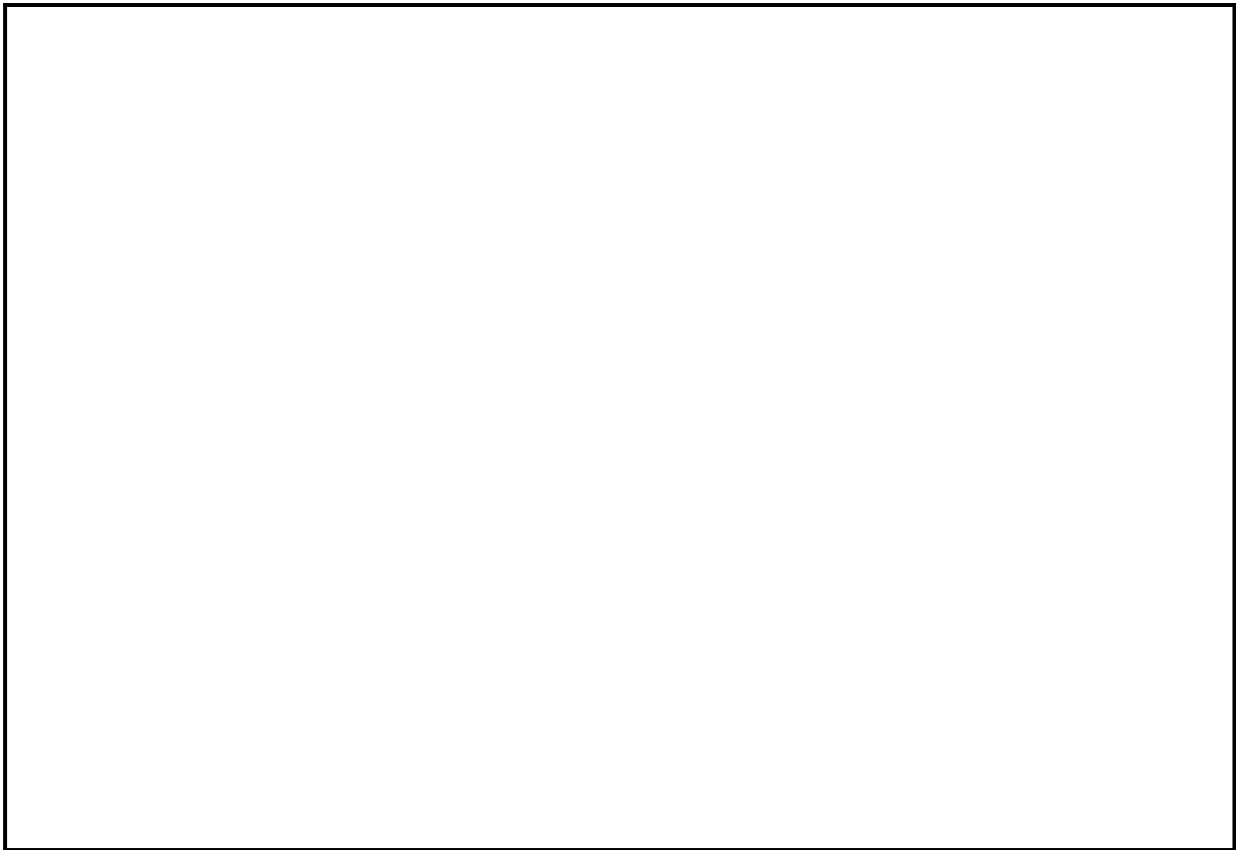
Location: \_\_\_\_\_

Road Conditions, etc: \_\_\_\_\_

If the accident was reported to the police, record the name, number and station of the PC:

---

Draw a brief sketch plan of the scene of the accident clearly showing the position of the vehicles and their course and should include details such as width of the road (this may be estimated), skid marks, and the width of the vehicles.



**Other useful notes:**

---

---

---

---

---