TRANSPORT SERVICES DEPARTMENT
MOTOR VEHICLE INCIDENT REPORT

PLEASE PRINT CLEARLY

1 VEHICLE & DRIVER DETAILS:

Name of Driver: ______________________________ Type of vehicle: _______________________
Department __________________________________ Registration No. _______________________
Date of Birth ________________________________ Contact No. __________________________
Date passed Driving Test ________________________ Date of Incident ________________________
Note of any previous / pending driving offences: ___________________________________________

Hire Company Details (where applicable) __________________________________________________

2 PASSENGER DETAILS:

Indicate any known injuries sustained: _____________________________________________________

Indicate damage to University/Hired Vehicle: ______________________________________________

3 THIRD PARTY DETAILS:

Type of vehicle: ___________________________ Registration Number: ___________________
Name of Driver:  __________________________________ _________________________________
Address:  _________________________________________ __________________________
______________________________________________ Telephone number: _____________________

4 DAMAGE SUSTAINED to Third Party vehicle/property: __________________ _________________

THIRD PARTY INSURERS: __________________________
Policy Number (if known) ________________________________
Number of passengers in Third Party vehicle at time of incident __________________________
Details of any apparent injury to 3rd Party driver/passengers ________________________________

5 WITNESS DETAILS:

Name: __________________________________ Name: ________________________________
Address: ________________________________ Address: ________________________________
______________________________ ________________________________
Tel. No. ________________________________ Tel. No. ________________________________

(Continued)
6 DETAILS of any POLICE OFFICERS who may have attended the incident:

PC name/number: ___________________________ PC name/number: ____________________
Police Station: ___________________________ Telephone no. ____________________

7 ACCOUNT of the INCIDENT:

Date of Incident: ________________________ Time: _______________ am/pm
Name of Road: ____________________________________________________________
Road Width: ______________________ Speed limit: _____________________________
Road & Weather Conditions: Wet / Dry Street Lights: On / Off

DESCRIPTION: Indicate the direction of travel of the vehicles and show where they finished as a result of the incident. Clearly indicate each vehicle involved. Show any road markings and anything else that you consider may be helpful or important. Use a separate sheet of paper if necessary.

Describe the incident: _______________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Position of Vehicles BEFORE the Incident:

Position of Vehicles AFTER the Incident:

All accidents no matter how minor MUST be reported to Transport Services without delay.

University of Glasgow Transport Services Department - Telephone 0141 330 5330