

Accident report form

Please keep in your glove box

If you are involved in an accident use this form to record as much information as you can

- Do try to stay calm
- Do not admit liability to anyone
- Do take photos (damage/location/conditions)

Accident Details

Time and date of accident	
Where did it happen (street/town)	
Weather conditions	
Road conditions	

Your vehicle

Make, model and colour	
Registration number	
Driver's full name	
Driver's address	
Driver's telephone number(s)	
Nature of damage	
Insurance company	
Policy number	
Any passengers?	Yes/No
If 'yes' above – give names	

Other vehicle(s)

Make, model and colour	
Registration number	
Driver's full name	
Driver's address	
Driver's telephone number(s)	
Nature of damage	
Insurance company	
Policy number	
Any passengers?	Yes/No
If 'yes' above – give names	



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Injured person(s)		
Full name		
Address		
Status (driver/passenger/pedestrian)		

Witness(es)		
Full name		
Address		
Independent?	Yes/No	Yes/No

Police information	
Officer name	
Badge number	
Telephone number(s)	
Police log number	

Description of Accident	Diagram

If you have been involved in a road accident we strongly advise you to get specialist legal advice. To contact a MASS solicitor ring us on 0117 925 9604 or use our post code search at www.mass.org.uk