

# University Occupational Health and Safety Form

## AT SCENE COLLISION REPORT FORM

Form S35

### AT SCENE COLLISION REPORT FORM

Complete this form at the scene of the collision as soon as it is safe to do so. Where possible, take photographs at the scene to support your evidence

**DO NOT ADMIT LIABILITY**

**DO NOT PROVIDE A STATEMENT TO ANY PERSON OTHER THAN A POLICE OFFICER**

|                               |  |          |  |
|-------------------------------|--|----------|--|
| Date and time of incident     |  |          |  |
| Name of driver                |  |          |  |
| Department                    |  | Ext. no. |  |
| Names of any other passengers |  |          |  |

### INCIDENT DETAILS

|   |     |  |    |  |              |  |           |  |
|---|-----|--|----|--|--------------|--|-----------|--|
| Road name and/or number                             |     |  |    |  |              |  |           |  |
| Direction travelling                                |     |  |    |  |              |  |           |  |
| Weather conditions                                  |     |  |    |  |              |  |           |  |
| Location (nearest town, county or GPS co-ordinates) |     |  |    |  |              |  |           |  |
| Police involvement                                  | Yes |  | No |  | Shoulder No. |  | Crime No. |  |

Provide an outline sketch of the scene, detailing the rough angle of collision, where the vehicles made contact, position of cars. Note also the relevant traffic signs (e.g. speed limits, stop and warning signs) traffic lights or signals, pedestrian crossings, road way markings (e.g. no overtaking solid white lines). Note estimated speed at the time of collision and any other information you think necessary.

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**Third Party contact details**

|               |  |       |  |
|---------------|--|-------|--|
| Name          |  |       |  |
| Address       |  |       |  |
| Telephone no. |  | email |  |

**Third Party vehicle details**

|                   |       |  |                     |  |      |  |     |  |
|-------------------|-------|--|---------------------|--|------|--|-----|--|
| Registration no.  |       |  |                     |  |      |  |     |  |
| Make              |       |  | Model               |  |      |  |     |  |
| Colour            |       |  | Number of occupants |  |      |  |     |  |
| Insurance company |       |  | Policy no.          |  |      |  |     |  |
| Damage            | Major |  | Minor               |  | None |  | N/A |  |

**Third Party injuries**

|                 |       |  |         |  |        |  |      |  |     |  |
|-----------------|-------|--|---------|--|--------|--|------|--|-----|--|
| Injury severity | Fatal |  | Serious |  | Slight |  | None |  | N/A |  |
|-----------------|-------|--|---------|--|--------|--|------|--|-----|--|

Continue on a separate sheet if more than other party is involved

| Details of witness 1 |  | Details of witness 2 |  |
|----------------------|--|----------------------|--|
| Name                 |  | Name                 |  |
| Address              |  | Address              |  |
| Telephone            |  | Telephone            |  |
| Email                |  | email                |  |

**Privacy Statement**

The University will process your personal information to comply with its legal obligations relating to insurance, audit requirements and Health & Safety legislation/requirements. Information provided via this form will only be accessible to authorised staff within your department. It will only be shared with third parties if necessary for legal/insurance/audit purposes. This form and any supporting documentation will be held for a period of 5 years by your Department, after which it will be securely destroyed. For further information on how your personal data is processed please see the University privacy notice available at [www.strath.ac.uk/dataprotection](http://www.strath.ac.uk/dataprotection)

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|-------------------|
| Additional notes: |
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