

# ACCIDENT & INVESTIGATION REPORT

Please complete in **BLOCK** capitals throughout

Manager to complete before sending to Insurance Dept.

Dvr Sign-On Time	
Dvr Sign-Off Time	
Meal Break Time	
Duty No.	
Last Day Off	
CCTV Requested	YES / NO
CCTV Viewed	YES / NO
Liability	Fault / No Fault


## ACCIDENT DETAILS

Driver		Payroll No.			Garage							
Age		No. of years PSV licence held			Date entered service							
Date		Time		Exact location								
Tick where appropriate	Weather				Road Surface				Visibility			
	Fair	L/Rain	H/Rain	Snow	Fog	Dry	Damp	Wet	Snow/Ice	Light	Dusk	Dark

## POLICE

Reported to the Police?		Yes	No	Did Police attend the scene?		Yes	No
If not at scene, to which station reported?					When?		
Officer No.(s).		1.		2.			

## LOTHIAN BUSES VEHICLE DETAILS

Full Reg No.		Fleet No.		Service/Block No.		MUDFA Yes /No		No. of pax on board?	
Travelling from				to		Indicate point of impact & area damaged			
Speed Before Accident		mph		Speed on Impact					
Detailed description of nature and extent of damage. State if none.						 <p style="text-align: center;">Severity of impact: Light / Moderate / Heavy</p>			

Which of the following were in use? Tick where appropriate	INDICATOR		LIGHTS			HORN
	N/S	O/S	Side	Full	Fog	

## THIRD PARTY DETAILS

Registration Number		Make		Model		Colour		No. of Occupants (excluding driver)	
Owner's Name		Insurer Name				Indicate point of impact & area damaged			
Address		Address							
Driver's Name (if different)		Policy No.							
Tel/Mobile No.									
E-mail:		Speed before accident		mph		Speed on impact		mph	
Detailed description of nature and extent of damage. State if none.									

Which of the following were in use? Tick where appropriate	INDICATOR		LIGHTS			HORN
	N/S	O/S	Side	Full	Fog	

PERSONAL INJURIES			
Name (& age if known)	1.	2.	3.
Address			
Whereabouts e.g. in Lothian Buses vehicle / in other vehicle / pedestrian			
Nature of Injury			
Ambulance offered? Accepted / Declined			

PROPERTY DAMAGE			
Name of Owner	1.	2.	3.
Address			
Item(s) damaged			
Nature & extent of damage			

WITNESSES			
Name	1.	2.	3.
Address			
Telephone number (if known)			
Location of witness			

DETAILED ACCIDENT DESCRIPTION	
<p>In your own words please can you give your account of what happened on the day in question. Please note that this is entirely a fact-finding exercise and it does not form part of the organisation's formal disciplinary procedure. If, once this investigation has concluded and the organisation wishes to instigate formal disciplinary proceedings against you, you will be invited to attend a disciplinary hearing at a later date.</p>	

SKETCH	include street names, lanes, road markings, traffic lights etc.

<b>I declare that to the best of my knowledge the contents of this report are true.</b>	
Signed - Driver	Date
Signed - Supervisor	Date