

MOTOR INCIDENT REPORT FORM

The issue of this form or the acceptance of it when completed cannot be taken as meaning that Charnwood Borough Council accepts any responsibility for the incident recorded or for the consequences of such. The Council can only be seen to be responsible where it is proved that injury/damage/loss was caused by its negligence.

1. Details of Driver

Name	
Address	
Telephone Number	
Email Address:	

2. Details of the Incident

Date		Time (approx)	
Location			

State fully how the incident happened

3. Vehicle Details

Registration	
Make & Model	
Insurer	
Policy Number	
Number of Passengers	
Apparent Damage	

4. Injured Party

Name	
Address	
Telephone Number	
Injuries	
Details of hospital attended	
Where were you seated in the vehicle	
Whose vehicle were you in	

Please continue on a separate sheet for additional injured parties.

5. Witness Details

Name	
Address	
Telephone Number	
Relationship to the driver	

Please continue on a separate sheet for additional witness details

Declaration

I certify that the information I have given is true to the best of my knowledge and belief.

I understand that by submitting this form my personal information, including special category data, may be shared with relevant third parties (such as the Council’s insurers) in respect of the processing of any claim arising from the reported incident as set out in the Council’s Privacy Notice. The Privacy Notice can be viewed at [www.charnwood.gov.uk/pages/privacynotice.](http://www.charnwood.gov.uk/pages/privacynotice)

Name	
Signature	
Date	

Please return the completed form to:

**Insurance Officer
Audit & Risk
Charnwood Borough Council
Southfields
Loughborough, Leics. LE11 2TX
Email: insurance@charnwood.gov.uk**