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Case Reference:

Date of Report:

# TRAFFIC ACCIDENT LEGAL REPORT AND STATEMENT

**IMMEDIATE SAFETY ASSESSMENT**

**What is your Circumstance today?**

Breakdown

Emergency

**Let's make sure you're safe:**

Are you out of traffic and in a safe location? Is your vehicle safe or blocking traffic?

Are you experiencing any pain or dizziness? Do you feel confused or disoriented?

**→ If unsafe, move to safety and consider calling 999**

If you're confident you're safe, continue filling in the form:

Yes, I'm safe to continue

No

**Would you like us to call the Emergency Services and send them your**

**Location?**

Yes

No

### MEDICAL AND INJURY ASSESSMENT

**Are you suffering with any of the following? (Select all appropriate)**

 Chest Pain  Uncontrolled Bleeding

 Breathlessness  Limb weakness or changes in sensation

 Dizziness  Loss of consciousness

 Severe headache  Change of vision

 Abdominal pain  Abdominal Bruising

 Limb Pain that's impeding mobility

Any other concerns that are life or limb threatening

 None of these - I'm fine to continue

**Medical Attention - Have you received any medical attention from emergency services?**

 Yes  No

If yes, please describe in your own words that attention:

**Safety Equipment**

Were the Airbags Deployed?  Yes  No

Were you and all your passengers (if any) wearing seat belts?  Yes  No Was there any reason why seat belts were not being worn?

**Was it recommended that you attend Hospital or seek further medical attention?**

 Attend Hospital  Attend A&E  Book an Appointment with GP  No further attention required

### ACCIDENT TIME AND LOCATION

**When did the accident happen? (Required)**

|  |  |
| --- | --- |
| **Date of Accident** |  |
| **Time of Accident** |  |

**Where exactly did the accident happen? (Required)**

Street/Road Name: Town/City: County:

Postcode:

### CONDITIONS AND ENVIRONMENT

**What were the weather, light and road conditions? (Required)**

## Weather Conditions:

 Clear and dry

 Light Rain

 Heavy Rain

 Fog or poor visibility

 Snow or Ice

## Road Surface:

 Wet Road

 Snow/ice on the road

## Lighting Conditions:

 Bright Daylight

 Dusk

 Dark

 Street lights

 Overcast

**Road and Junction Details:**

|  |  |
| --- | --- |
| **Road type** | Roundabout Dual carriageway Single carriageway Slip road |
| **Speed limit (permanent limit for that road)** | mph |
| **Junction information (if applicable)** | T-junction Crossroads Roundabout Traffic lights |
| **Special conditions** | Roadworks Defective road surface Oil/diesel spills |

Special Road conditions and any hazards:

### ACCIDENT DESCRIPTION

**Describe what happened in the accident (Required)**

### YOUR VEHICLE INFORMATION

**Were you driving your usual vehicle? (Required)**

 Yes  No

**Please put the vehicle details in below:**

|  |  |
| --- | --- |
| **Make of Car** |  |
| **Model of Car** |  |
| **Licence Plate Number** |  |

**Explain some key points on Road Conditions (Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Direction of travel and estimated speed** |  | | |
| **Point of impact and damage description** |  | | |
| **MOT status** | Valid | Expired | Not applicable |
| **Road tax status** | Valid | Expired | SORN |

### OTHER VEHICLES INVOLVED

**Were there other Vehicles involved? (Required)**

 Yes  No

**Other Driver's Personal Details**

Driver's Name: Driver's Number: Driver's Address:

Street:

Town/City: County: Postcode:

**Other Driver's Vehicle Details**

|  |  |
| --- | --- |
| **Make of Vehicle** |  |
| **Model of Vehicle** |  |
| **Vehicle License Plate** |  |
| **Any damage caused by the accident** |  |
| **Any damage caused prior to the accident** |  |

**Other Driver's Insurance Details**

|  |  |
| --- | --- |
| **Insurance Company** |  |
| **Policy Number** |  |
| **Policy Holder** |  |
| **Policy Cover Type** |  |

Upload photos of important documents for other driver/s:

Record your detailed account of what happened:

### WITNESS INFORMATION

**Were there any witnesses? (Required)**

 Yes  No

**Witness contact information and what they saw:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Witness Name** | **Contact Number** | **Address** | **What they observed** | |
|  |  |  |  | |
|  |  |  |  |  |
|  |

### POLICE INVOLVEMENT

**Did police attend the scene? (Required)**

 Yes  No

**Police Report Details**

|  |  |
| --- | --- |
| **Accident reference number** |  |
| **Police force details and attending officer information** |  |
| **Police Officer's name** |  |
| **Police Officer's Badge number** |  |
| **Breath test results (if applicable)** |  |
| **Any other breath test results (if applicable)** |  |

### ADDITIONAL INFORMATION

**Anything else important we should know?**

**Do you want to notify your Emergency contact?**

 Yes  No

**How would you prefer updates?**

 Email  Text/SMS  Email + Text

### LEGAL DECLARATION

#### DECLARATION:

I hereby declare that the information provided in this Traffic Accident Legal Report and Statement is true and accurate to the best of my knowledge and belief. I understand that this document may be used in legal proceedings and that providing false information may constitute perjury under UK law.

I accept this declaration

I do not accept

**LEGAL NOTICE**

**Important:** This document is for legal reporting purposes. The information contained herein may be used in insurance claims, legal proceedings, and official investigations. All parties are advised to:

Retain copies of all documentation Contact insurance providers immediately Seek legal counsel if required

Preserve all evidence related to the incident Report to DVLA if necessary

**Emergency Contact:** For immediate assistance, contact 999 (UK emergency services)

**Data Protection:** Information in this document is subject to UK GDPR and Data Protection Act 2018

|  |  |
| --- | --- |
| **Your Full Name** |  |
| **Signature** |  |
| **Date** |  |

Document Reference: Page of