



STATEMENT OF FACTS – MOTOR VEHICLE INCIDENT

Staff and Students must comply this Form (only is safe to do so) to obtain the details of the other vehicle/driver involved in the incident and to briefly note facts of the incident. IT IS NOT an admission of liability.

Name of Person Completing Form:	Contact Details of Peron Completing Form:
Date of Incident:	Location of Incident:
Injuries (please detail):	Property damage (please detail):
Witness 1 (name, address, contact no.):	Witness 2 (name, address, contact no.):
OTHER DRIVER DETAILS (see Driving Licence)	
Name and Address of Driver of Other Vehicle:	
Home Contact Number:	Mobile Contact Number:
Driving Licence:	
OTHER VEHICLE DETAILS	
Name and Address of Insured Policy Holder if different from Driver:	
Home Contact Number:	Mobile Contact Number:
Vehicle (make, type, registration):	
Name of Insurance Company:	
Policy Number:	

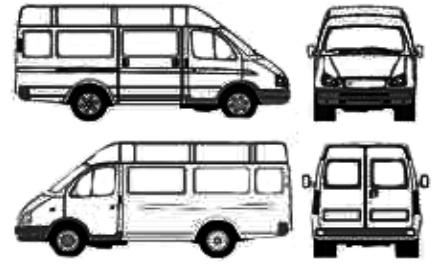
VEHICLE DAMAGE (BOTH VEHICLES)

Detail damage to other Vehicle



X to indicate point of impact

Detail damage to Undeb Vehicle



X to indicate point of impact

INCIDENT DETAILS

Provide Details of the Incident. E.g was the vehicle(s) parked, moving, approaching a roundabout, impacted from the rear, overtaking, changing lanes, reversing, failed to stop etc:

Were pictures taken of the incident:

YES

NO

Did the Police attend the incident

YES

NO

If YES, provide details of the Police Number, Police Station etc:

Did an Ambulance attend the incident:

YES

NO

If YES, provide details of the hospital the casualty was taken to:

Signature of Bangor Universirt staff/student:

Signature of other driver:

