**Appendix 1 Vehicle Accident Report Form**

**Vehicle Accident Report Form**

*(to be filled in by the driver of the club, copy to be sent to* [*Lisa.ryan@ul.ie*](mailto:Lisa.ryan@ul.ie) *as soon as possible)*

* + - 1. Club/Society:
      2. Vehicles that was being driven:
      3. Student id no:/Staff id
      4. Term time address
      5. Home address
      6. Phone no.
      7. Date of accident:
      8. Location of accident
      9. in UL(state where)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,
      10. on trip(state where)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      11. State the nature of the damage/accident.
      12. Did anyone need to attend hospital? *(If YES please fill in separate form for each person who had to attend hospital)* Yes/No.

13. Can you explain in detail the damage to the vehicle:

How did accident occur? (to be completed by driver)

* + - 1. Witness 1 Name
      2. Term Address
      3. Home address
      4. Phone
      5. Witness 1 statement
      6. Witness 2 Name
      7. Term Address
      8. Home address
      9. Phone
      10. Witness 2 statement

***Student Life Use only***

*Insurance company notified: Yes/No*

*Date:*

*Signed:*

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