

**RESTRICTED
RECORD OF INTERVIEW AT SCENE**

Vehicle No. e.g. 001, 002, 003

*Mr / Mrs / Miss / Ms / Other Title Surname / Family Name	
Forenames	
Date of Birth	<input type="text"/>
Address	
.....	
.....	
Post Code	
Place of Interview	
.....	
Person(s) present	
.....	
Time / Date commenced	
Time / Date concluded	
"You do not have to say anything but it may harm your defence if you do not mention when questioned something which you later rely on in Court. Anything you do say may be given in evidence."	
REPLY	
"I also have to tell you that you are not under arrest and that you are free to leave if you wish to."	
REPLY	
"I am"	
"Were you a driver of a"	
.....	
Registration number	
Involved in a collision at (time) on (date)	
at (location)	
.....	
REPLY	

RESTRICTED

MPS FOIA Disclosure

**RESTRICTED
CASUALTIES/WITNESSES/OWNERS OF
PROPERTY/OTHER PERSONS**

INDICATE CATEGORY		X
PEDESTRIAN CASUALTY	Complete A and B	<input type="checkbox"/>
PASSENGER CASUALTY	Complete A and B	<input type="checkbox"/>
WITNESS	Complete A	<input type="checkbox"/>
OWNER (Other property / animal)	Complete A and C	<input type="checkbox"/>
OTHER PERSON INVOLVED	Complete A	<input type="checkbox"/>

A	Surname / family Name *Mr / Mrs / Miss / Ms / Other Title
	Forenames
	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Officer defined ID Code <input type="checkbox"/>	16+1 ethnicity code / not stated code <input type="text"/> <input type="text"/>
Address	
*(Home / Business)	
Post Code	
Tel. NOS. (Indicate D-Day, E-Eve, M-Mobile)	
e-mail	
If passenger in Veh. No. e.g. 001	Seat position * Front / Rear
- which vehicle hit by e.g. 001 <input type="text"/> <input type="text"/>	Independent *YES / NO
Willing to attend Court *YES / NO <input type="text"/> <input type="text"/>	MG11 Completed *YES / NO
Initial Comments	
.....	
.....	
cont. #	

MPS FORM Disclosure

**RESTRICTED
CASUALTIES/WITNESSES/OWNERS OF
PROPERTY/OTHER PERSONS**

Initial comments (cont)

.....

.....

.....

.....

Signed

B	CASUALTY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*FATAL / SERIOUS / SLIGHT
	No. (e.g. 001, 002 etc)		

Details of injuries

.....

.....

.....

Hospital *Detained / Not Detained

Pupil on journey to / from school *YES / NO Relatives informed *YES / NO

School Name or No.

C	DETAILS OF OTHER PROPERTY DAMAGED	OWNER INFORMED *YES / NO
	By	Time

.....

.....

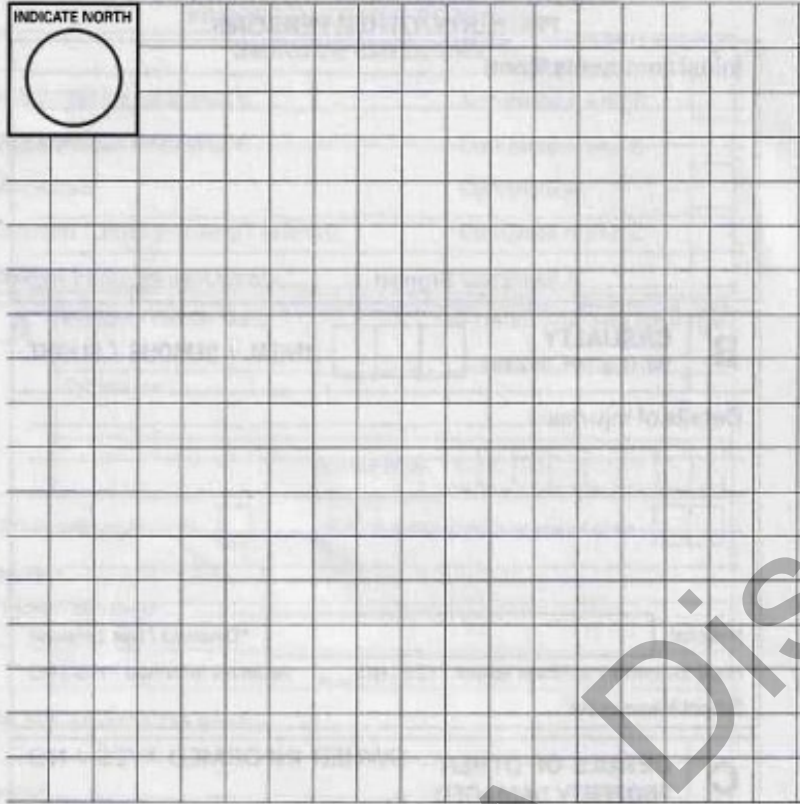
.....

.....

* Circle as appropriate

RESTRICTED

MPS FOIA Disclosure



Measurements taken by

Time

Date 2 0

Vehicle 1 2 3 4 ALL
moved prior to sketch being drawn*

Vehicle 1 2 3 4 NONE
present when sketch drawn*

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