

Attachment 7.12 – Third Party Claims Operating Company Report Form

SECTION A: SUMMARY INFORMATION

Claim Reference Number:
Date of Notification of Claim.....
Date of transmission of Third Party Claims Notice form to claimant
Date of receipt of completed Third Party Claims Notice form
Date of completion of Third Party Claims Operating Company Report form
Decision on claim by Operating Company

SECTION B: DETAILED REPORT

1. Operating Company
2. Trunk Road and exact location of incident (sketch, OS extract, photograph etc. shall be attached)
3. Date and time of incident]
4. State source of information provided at questions 2 and 3 above
Particulars of witnesses (other than those provided by claimant) to the incident. If Operating Company employees, this shall be stated and recognitions attached.
Name Address
.....
Name Address
.....
5. Were the Police Scotland involved? Yes..... No.....
If YES, a Police Scotland report shall be obtained and sent out as soon as possible.
6. Does the claim refer to an incident alleged to be due to roadworks? Yes..... No

If YES, by whom were the roadworks being carried out? Operating Company.....
Contractor..... Undertaker.....
7. Contractor, Undertaker name and address if appropriate
8. Nature of Roadworks
9. What were the weather and road conditions at the time of the incident?
10. Was Winter Service Plant called out? Yes..... No.....

If YES, provide full details.....
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11. Was precautionary treatment carried out at the locus prior to the incident?
Yes..... No.....

If YES, give time, date, spread rates and any other relevant information
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NB In the event that the claimant or a Police Scotland report alleges that the road surface was icy or had poor skid resistance etc, full details countering or agreeing with this allegation should be given. Pertinent Precautionary Treatment Operations records and carriageway condition survey results shall be included.

12. Is the incident alleged to have been caused through a Defect or obstruction in the road?
Yes..... No.....

If NO, go to question 13.

If YES:

12.1 Had the Operating Company received notice or was it otherwise aware of the Defect or obstruction prior to the incident?
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12.2 If unaware, please comment on why regular inspections failed to identify the Defect?
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12.3 What is the inspection regime for this Trunk Road? (e.g. Safety Inspection, Safety Patrol, Winter Service Patrol)
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12.4 Please include records of dates and findings (routine maintenance and management function of the APMS output) of inspections and patrols immediately before and after this incident
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15. Form completed by:

NAME IN BLOCK CAPITALS

Designation Telephone No.

Signature Date

16. Form approved by:

Signature Date

Job Title.....