

## Vehicle Accident Information:

### In case of a traffic accident:

1. Stop immediately. **Keep calm.**
2. Warn oncoming traffic.
3. Help the injured. Do not render first aid unless you are trained. Call a doctor or ambulance if necessary.
4. Do not argue, accuse anyone, or make any admission of blame for the accident.
5. Call appropriate law enforcement agency (RCMP, Provincial or City Police)
6. Get the information called for in this booklet.

### **Important**

Report the accident immediately to your insurance broker. Our toll free telephone number is 1-800-567-7423. In addition, if driving a company-owned business vehicle, report the accident promptly to your supervisor in accordance with your company's instructions. Report the accident in writing to the authorities as required by law.

### **\*Your vehicle is designated as no. 1 in all sections of this form\***

Name & address of person completing this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Police**

Officer's name: \_\_\_\_\_

Badge #: \_\_\_\_\_

Report #: \_\_\_\_\_ Station #: \_\_\_\_\_

### **Details**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  A.M.  P.M.

Location-city: \_\_\_\_\_ Prov: \_\_\_\_\_

Streets: \_\_\_\_\_

Speed (other veh): \_\_\_\_\_ km/h      Your Speed: \_\_\_\_\_ km/h

### **Other Vehicle no. 2**

Driver's full name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Age: \_\_\_ Sex: \_\_ Driver's Lic. #: \_\_\_\_\_

Year & Make of car: \_\_\_\_\_

License plate #: \_\_\_\_\_ Prov: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### **Other Vehicle no. 3**

Driver's full name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Age: \_\_\_ Sex: \_\_ Driver's Lic. #: \_\_\_\_\_

Year & Make of car: \_\_\_\_\_

License plate #: \_\_\_\_\_ Prov: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### **Witnesses**

1. Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Age: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Age: \_\_\_\_\_

### **Car occupants**

1. Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Car#: \_\_\_ Age: \_\_\_ Sex: \_\_\_ Injured:  Yes  No

Taken to: \_\_\_\_\_

2. Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Car#: \_\_\_ Age: \_\_\_ Sex: \_\_\_ Injured:  Yes  No

Taken to: \_\_\_\_\_

3. Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Car#: \_\_\_ Age: \_\_\_ Sex: \_\_\_ Injured:  Yes  No

Taken to: \_\_\_\_\_

4. Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Car#: \_\_\_ Age: \_\_\_ Sex: \_\_\_ Injured:  Yes  No

Taken to: \_\_\_\_\_

### **Vehicle Damage**

Yours: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Tell What Happened**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Citation (ticket) given to:  You  Other