



District Collator: ☐ K2722 Valleyview RCMP ☐ Other

Police File #: _____

Investigator : _____

Full Name: _____ Date of Birth: _____
(YYYY-MM-DD)

Gender: _____ Address: _____

Telephone:(home): _____ (work) _____ (cell) _____

Date of Collision: ____/____/____ - ____ (day of week) **Time:** ____

Date Statement Written: / / - **Time:**
 YYYY MM DD (day of week)

Scene Visited by RCMP?: ☐ YES ☐ NO
Was this a Hit and Run?: ☐ YES ☐ NO
Was any Wildlife involved?: ☐ YES ☐ NO

01 STRUCK OBJECT 	02 OFF ROAD LEFT 	03 RIGHT ANGLE 	04 PASSING LEFT TURN 	05 LEFT TURN ACROSS PATH 	06 SIDE SWIPE OPPOSITE DIR.
08 REAR END 	09 OFF ROAD RIGHT 	10 HEAD ON 	11 PASSING RIGHT TURN 	12 SIDE SWIPE SAME DIR. 	13 BACKING

On: _____ At Intersection with: _____
 Street/Avenue/Highway Street/Avenue/Highway

If Not at Intersection: _____
How Many

☐ Meters
☐ Kilometers

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
North	South	East	West

Of _____
Street/Avenue/Highway or Town/City

Road Alignment (Circle one in each)	A)	Level	Grade (hill)	Hill Crest	Sag	Unknown
	B)	Straight	Curve	Unknown		
	C)	Undivided 1-way	Undivided 2-way	Divided with barrier	Divided with no barrier	

In your own words describe how the collision occurred and what action you took before and after the collision. If this was a hit and run, describe the vehicle or driver.

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

Environmental Condition (*Select only one*): ☐ Clear ☐ Raining ☐ Hail/Sleet ☐ Snow ☐ Fog/Smog/Smoke/Dust
☐ High Wind ☐ Other/Specify _____

Surface condition (*Select only one*): ☐ Dry ☐ Wet ☐ Snow/Slush/Ice ☐ Muddy
☐ Loose Surface Mat. ☐ Other/Specify _____

Your Vehicle Information:

Registered Owner's Name:

Driver's Name: _____ Driver's License #: _____

Registered Owner's Address:

Registered Owner's Telephone:

Home Phone		Cell Phone	
Vehicle Details:	Year	Make/Model	License Plate
			Color

Vehicle Identification Number:

Insurance Company:

Policy Number: _____ Broker _____ Agency _____

Expiration Date: _____

Estimated Damage: _____ Vehicle Appears Repairable: ☐ YES ☐ NO
Damage Sticker # _____ Damage Sticker Issued: ☒ YES ☐ NO

My Position in Vehicle:

☐ Driver - Seating Position #1

OR

☐ Passenger (Indicate seating position#) _____
(Seating chart on next page)

Safety equipment used:

☐ None

☐ Lap Belt Only

☐ Lap/Shoulder Belt Airbag not Deployed

☐ Airbag Only

☐ Helmet

☐ Lap/Shoulder Belt Airbag Deployed

☐ Other (specify):

Are you injured?

☐ Yes

☐ No

What are your injuries?

Were you treated for this injury?

☐ Yes

☐ No

Were you admitted to hospital?

☐ Yes

☐ No

Were you driving distracted?

☐ Not distracted

☐ Using hand held cellphone/device

☐ Writing/Reading/Grooming

☐ Using hands-free cellphone/device

☐ Other: _____

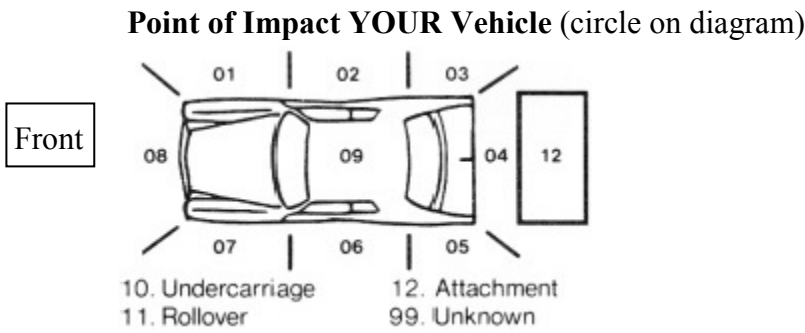
Direction of Travel:

☐ North

☐ South

☐ East

☐ West



Light Condition:

☐ Daylight

☐ Sun glare

☐ Darkness

Artificial Light (street lamps):

☐ Yes

☐ No

Traffic Control Devices:

☐ Stop Sign

☐ Yield Sign

☐ Traffic Lights

☐ None

☐ Other: _____

Traffic Control Condition:

☐ Functioning

☐ Not Functioning

☐ Obscured

☐ Missing

☐ Other: _____

Contributing Road Condition:

☐ None☐ Construction☐ Hole/Ruts/Bumps☐ Slippery When Wet

☐ Oily Pvmt.☐ Soft/Sharp Shoulder

Vehicle condition:

☐ No Apparent Defect☐ Defective Brakes☐ Tires Failed☐ Lighting Failed☐ Load Shifted☐ Other: _____

Load Details:

(Circle One in Each)

Loaded

Unloaded

Not applicable

Load Not Spilled

Load Spilled

Not applicable

Trailer/Attachments (if applicable):

☐ Recreation☐ Utility☐ Farm Equipment☐ Towed motor vehicle

☐ Single*

☐ Double*

☐ Triple*

* If single/double/triple, please indicate:

☐ Van/box body☐ High boy☐ Car/Log/Livestock carrier

☐ Dump☐ Low boy☐ Tanker☐ Other: _____

Lane of Travel (if more than one lane):

(Inside, outside, middle)

Signal Devices used in vehicle:

(brake, signal, etc.)

Estimated speed of your vehicle:

Estimated speed of other vehicle:

Direction of travel of other vehicle:

Signal Devices used in other vehicle:

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There were _____ passengers with me:

1. Name: _____ Seat Belt/Car Seat Seating position# _____
Address: _____ DOB / age _____ M/F
Were they injured? _____ What are the injuries? _____

2. Name: _____ Seat Belt/Car Seat Seating position# _____
Address: _____ DOB / age _____ M/F
Were they injured? _____ What are the injuries? _____

3. Name: _____ Seat Belt/Car Seat Seating position# _____
Address: _____ DOB / age _____ M/F
Were they injured? _____ What are the injuries? _____

4. Name: _____ Seat Belt/Car Seat Seating position# _____
Address: _____ DOB / age _____ M/F
Were they injured? _____ What are the injuries? _____

FRONT

1 driver	2	3
4	5	6
7	8	9

BACK

OTHER VEHICLES INVOLVED

Other Vehicle or Property Information: (fill in any information you obtained)
Animal: _____ or Sign Post: ☐Yes ☐No

Driver’s Name: _____ Driver License #: _____

Driver’s Telephone: _____
Home Phone Cell Phone

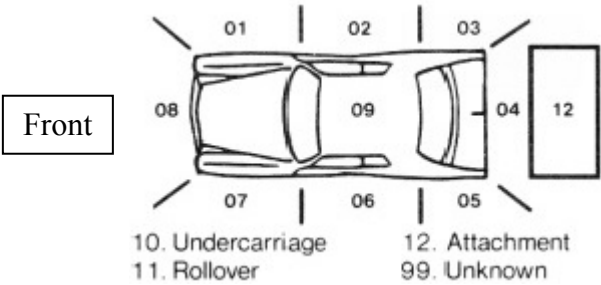
Vehicle Details: _____
Year Make/Model License Plate Color

Vehicle Identification Number: _____

Insurance Company: _____
Broker Agency

Policy Number: _____ Expiration Date: _____
YYYY / MM / DD

Point of Impact OTHER Vehicle (circle on diagram)



“A victim of an offence who has suffered physical or emotional loss has the right to prepare a Victim Impact Statement that will be considered by the judge at the time of sentencing. If you wish to provide a Victim Impact Statement or complete a Request for Restitution you may contact the Victim Services Unit, or alternately we can have Victim Services Unit contact you.”

Do you wish to have a Victim Services worker contact you?

“I give consent for the Royal Canadian Mounted Police to release a copy of this statement. This information may be available to the persons subject of this investigation of their counsel or agent acting on behalf of any civil, criminal or administrative proceedings.”

Do you understand?
Do you consent to a copy of your statement being released for insurance/legal purposes?

X _____
Signature of driver / registered owner Date

This information is being collected for the purpose of collecting additional or supplemental information from persons who have knowledge of an accident. The information is collected and is disclosed in accordance with and under the authority of the Traffic Safety Act, Operator and Vehicle Licensing Control Regulation and the Freedom of Information and Protection of Privacy Act. Contact Alberta Transportation at (780)427-8901 or toll free 310-0000.