

FIGURE 15.5 Motor Vehicle Collision Report

Ver 1
Use Template
Ver. 1 with
this report

Motor Vehicle Collision Report

Ver 1

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Report Type ☐ Original ☐ Amended ☐ Failed To Remain

Time Officer Arrived or Police Service Reported to: _____

Name of Investigating Officer _____

Name of Submitting Police Service _____

Location
R1 Trafficway _____ Distance _____ Check as applicable ☐ M. ☐ Km. ☐ N. ☐ E. ☐ W.
R2 Reference Point _____ Municipality _____

Collision Number _____ Page _____

Collision Date _____ Day of the Week _____ Time _____

Service Performed _____ Prod. Ident. No. (P.I.N.) _____

Dangerous Goods Involvement ☐ _____

Badge No. _____ Div./Stat./Det. _____ Plat./Squad _____

MTU Use Only _____ Highway _____ Distance _____ Unit _____ Dir. _____

Keypoint/Geocode _____ Offset _____ Ramp No. _____

County, District, Reg. Municipality _____

1 Driver (Last Name First) _____ Code _____

Address _____ Telephone No. _____

Postal Code _____

Driver's Licence No. _____ Prov. _____ Class/Cond. _____

Sex _____ D.O.B. (Y/M/D) _____ Proper Licence to Drive Class of Vehicle ☐ Y ☐ N ☐ Suspended ☐ Y ☐ N ☐ Breathalyzer ☐ Y ☐ N ☐ Blood Test ☐ Y ☐ N ☐ Admin. ☐ Y ☐ N

Make _____ Year _____ Model _____ Colour _____ Body Style _____

Air Brake ☐ Y ☐ N ☐ Plate No. _____ Prov. _____ Number of Occupants in Vehicle _____

Owner (Last Name First) _____

☐ As above

Address _____ Telephone No. _____

Postal Code _____

Insurance Company and Policy No. _____

☐ None

CVOR No. _____ Lic. Class Required ☐ Loaded ☐ Unloaded Approx. Speed Km/hr. _____

Make _____ Plate No. _____ Prov. _____

Owner (Last Name First) _____

☐ As vehicle above

Address _____ Telephone No. _____

Postal Code _____

Insurance Company and Policy No. _____

☐ As Vehicle Above

2 Driver (Last Name First) _____ Code _____

Address _____ Telephone No. _____

Postal Code _____

Driver's Licence No. _____ Prov. _____ Class/Cond. _____

Sex _____ D.O.B. (Y/M/D) _____ Proper Licence to Drive Class of Vehicle ☐ Y ☐ N ☐ Suspended ☐ Y ☐ N ☐ Breathalyzer ☐ Y ☐ N ☐ Blood Test ☐ Y ☐ N ☐ Admin. ☐ Y ☐ N

Make _____ Year _____ Model _____ Colour _____ Body Style _____

Air Brake ☐ Y ☐ N ☐ Plate No. _____ Prov. _____ Number of Occupants in Vehicle _____

Owner (Last Name First) _____

☐ As above

Address _____ Telephone No. _____

Postal Code _____

Insurance Company and Policy No. _____

☐ None

CVOR No. _____ Lic. Class Required ☐ Loaded ☐ Unloaded Approx. Speed Km/hr. _____

Make _____ Plate No. _____ Prov. _____

Owner (Last Name First) _____

☐ As vehicle above

Address _____ Telephone No. _____

Postal Code _____

Insurance Company and Policy No. _____

☐ As Vehicle Above

41 ☐

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Investigating Officer's Description of Collision & Diagram

Lanes/Speed

	Number of Lanes	Posted Speed Max.	Advisory
R1			
R2			

Descriptions of Code(s) 97, 98, 99

Describe Damage to Other Property _____ Person and/or Agency Advised _____ Y _____ M _____ D _____ Time _____

No. Involved Persons - Injured Taken To/By _____ Independent Witnesses - Name _____

Vehicle taken To/By V1 _____ Persons Charged - Section and Act & P.O.T. No. _____

V2 _____

Name of Coroner _____ Telephone No. _____ If School Age Child Involved, Indicate School Name _____

Signature of Investigating Officer _____ Report completed ☐ on _____ Y _____ M _____ D _____ Signature of Supervisor _____ Badge No. _____ Y _____ M _____ D _____

Veh. No.	Plat. No.	Involved Persons
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Press firmly you are making 5 copies

All boxes must be completed by officers submitting Report. Specify all codes **97, 98, 99** on this Report

UNIT 1

SR-LD-401 2012/05