

Royal Canadian Mounted Police
Gendarmerie royale du Canada

Protected A - Once completed

Electronic MV6020 Traffic Accident Report

Entity 01 Copy

File Details

Prefix (calculated): 0	Collision Case No.: 1180201	PRIME File VJUR: VI - VICTORIA POLICE DE
Police File Number (yyyy-xxxx.): 2036-555		

Collision Details

Date of Collision (yyyy-mm-dd): 2025-08-22T00:00:00-06	<input checked="" type="checkbox"/> Collision was reported on day of occurrence	Time of Collision (hh:mm): 27:00	Date Reported (yyyy-mm-dd): 2025-08-22T00:00:00-06
<input checked="" type="checkbox"/> Time of Collision Unknown (time will be set to 27:00)	Collision Type (calculated once form completed): 2	Was it a hit and run? <input type="radio"/> Yes <input type="radio"/> No	Did police attend? <input type="radio"/> Yes <input type="radio"/> No

For the Police Agency information, specify the Agency with jurisdiction where the collision occurred.

Police Agency Type / District: RCMP - Southeast District	Police Code (Agency/Detachment): 102 Enderby Prov	Police Zone: Zone
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Highway Code (Location Code is only required if Highway Code is 1): 1	Highway or Route Number: 1c1	Segment Number: 1c2	Location Code (Kilometres to two decimal places): 23.00
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Name of City, Municipality, Town, District or Village: Victoria	City, Municipality, Town, District or Village Status: <input checked="" type="radio"/> Organized Territory <input type="radio"/> Unorganized Territory
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Collision Location - Street (ON) (this field expands): 123 Bef St	Collision Location - Cross Street (AT) (this field expands): 123 Bef St
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Collision Location Description (optional - e.g. business parking lot, trail head): Trail Head

GPS coordinates will automatically be converted into both formats. Select the format you are entering:

<input checked="" type="radio"/> Decimal Degrees	<input type="radio"/> Degrees Minutes Seconds
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Latitude Decimal Degrees: 43.236		Longitude Decimal Degrees: -127.566	
Lat. N+	Lat. Deg: 43	Lat. Min: 14	Lat. Sec: 9.6
Long. W-	Long. Deg: -127	Long. Min: 33	Long. Sec: 57.6
Box 1 Road Class 11 One Lane Undivided			
Box 1A Traffic Flow 02 Two Way		Box 2 Collision Location (where the first impact initiated/occurred) 18 Forest Service / Logging Road	
Box 2A Primary Speed Zone 12 Posted - 20 km/h	Box 2B Secondary (Advisory) Speed Zone 21 Advisory - 10 km/h	Box 3 Land Usage in Collision Area 02 Urban Residential	
Box 4 Road Type 02 Gravel		Box 5 Traffic Control 02 Stop Sign	
Box 6 Roadway Character (Horizontal / Vertical) 11 Straight / Flat	Box 7 Roadway Surface Condition 99 Other	Box 8 Weather Condition 07 Smog/Smoke	Box 9 Lighting Condition (Illum. means artificial light) 06 Dark / Some Illum.
For Primary Collision Occurrence Code, select the code that best illustrates the key occurrence according to the Primary Collision Occurrence diagram: <div><div>PRIMARY COLLISION OCCURRENCE</div><div><div>REAR END</div><div>HEAD ON</div><div>SIDE SWIPE</div><div>BACKING</div><div>INTERSECTION 90°</div><div>OVERTAKING</div><div>RIGHT TURN</div><div>RIGHT TURN</div><div>RIGHT TURN</div><div>RIGHT TURN</div><div>LEFT TURN</div><div>LEFT TURN</div><div>LEFT TURN</div><div>OFF ROAD RIGHT</div><div>OFF ROAD LEFT</div><div>ONE WAY STREET</div><div>OTHER ** EXPLAIN IN POLICE COMMENTS</div></div><div>12 Head On</div></div>			
Box 21 First Contact/Event - Type of Collision 06 Railroad Train		Box 24 Location of First Contact 01 On Roadway	
Entity No. 1			
Entity Type (calculated) <input checked="" type="radio"/> Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Cyclist <input type="radio"/> Other	Entity Number 01	Possible Offender? <input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> The vehicle was parked at the time of the collision; if checked, do not complete the Personal Information in this section; add any person as an Involved Person.
<input type="checkbox"/> Unknown Entity (enter as much information as possible but blank fields are acceptable)			
Driver's Licence Number DL12333	Licence Province or State of Issue BRITISH COLUMBIA	Licence Expiry 2025	

Surname Johnson	Given Names Michael	Licence Class 4	Graduated Licence Type <input type="radio"/> L <input type="radio"/> N <input type="radio"/> N/A
Residential Address 125 Azurite Cres			
Business Address 123 beff st		Business Telephone (798) 798-7897	
Date of Birth (yyyy-mm-dd) 1990-07-04	Age at Time of Collision 35	Contact Phone Number (798) 798-7987	Sex <input type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> Unknown
<i>For vehicles, enter Year, Make, Style, Colour, and Style exactly as shown on the registration document. If a combination unit vehicle, enter the the plate number of the driver's power unit for Vehicle Plate Number, and the trailer towed unit plate/registration information under Trailer/Towed Vehicle Plate Number and Trailer/Towed Vehicle Plate Number. Do not enter combination vehicle units as separate entities.</i>			
Vehicle Colour WHI	Vehicle Plate Number AL123	Vehicle Plate Province or State BRITISH COLUMBIA	Vehicle Year 2024
Vehicle Make ACADIAN (GM OF CANADA)	Vehicle Style 2-DOOR SEDAN	Trailer/Towed Vehicle Plate Number 123	
Trailer/Towed Plate Prov. or State BRITISH COLUMBIA			
<input checked="" type="checkbox"/> Registered owner has the same name and residential address as the person listed in this Entity			
Vehicle Owner Name Michael Johnson			
Vehicle Owner Address 125 Azurite Cres			
National Safety Code (NSC) Number (Canadian commercial vehicles only) nc12		Jurisdiction Code (Canadian commercial vehicles only) jc22	
Damage Location on Entity 02 Windshield		Severity of Damage 02 Light - Conspicuous but slight	
Estimated Vehicle Damage (\$) 300	Vehicle Stolen? <input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle Towed? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Direction of Travel <input type="radio"/> N <input type="radio"/> E <input type="radio"/> W <input checked="" type="radio"/> S <input type="radio"/> Parked <input type="radio"/> Unknown		Street on Which Entity was Travelling/Parked Begbie St	
Insurance Coverage <input type="radio"/> ICBC <input type="radio"/> None <input checked="" type="radio"/> Other If other, specify insurer: Other ICBC If other, specify policy no.: Other ICBC			

Box 22 Second Contact/Event 01 Other Motor Vehicle	Box 25 Pre-Collision Vehicle Action First Event 01 Going Straight Ahead
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Box 27 Vehicle Type 01 Passenger Car Only

Box 27A Vehicle Use 02 Personal

Box 31 Contributing Factor 19 Fell Asleep	Box 32 Contributing Factor 19 Fell Asleep
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Box 33 Contributing Factor 16 Extreme Fatigue	Box 33A Contributing Factor 19 Fell Asleep
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Are there charges and/or Blood Alcohol Tests for this entity? <input type="radio"/> Yes <input checked="" type="radio"/> No

Charges and Blood Alcohol Tests for Entity No. 1 Driver

Blood Alcohol Tests <input type="radio"/> BAC <input type="radio"/> BTA <input type="radio"/> Not Taken If taken, result 1: If taken, result 2:
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Charge Type	Sec. Number	Short Title of Offence

Entity No. 2

Entity Type (calculated) <input checked="" type="radio"/> Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Cyclist <input type="radio"/> Other	Entity Number 02	Possible Offender? <input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> The vehicle was parked at the time of the collision; if checked, do not complete the Personal Information in this section; add any person as an Involved Person.
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<input type="checkbox"/> Unknown Entity (enter as much information as possible but blank fields are acceptable)

Driver's Licence Number DL12343	Licence Province or State of Issue BRITISH COLUMBIA	Licence Expiry 2025	
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Surname Bekham	Given Names David	Licence Class 4	Graduated Licence Type <input type="radio"/> L <input type="radio"/> N <input type="radio"/> N/A
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Sex <input type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> Unknown	
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For vehicles, enter Year, Make, Style, Colour, and Style exactly as shown on the registration document. If a combination unit vehicle, enter the the plate number of the driver's power unit for Vehicle Plate Number, and the trailer towed unit plate/registration information under Trailer/Towed Vehicle Plate Number and Trailer/Towed Vehicle Plate Number. Do not enter combination vehicle units as separate entities.

Vehicle Colour WHI	Vehicle Plate Number AL123	Vehicle Plate Province or State BRITISH COLUMBIA	Vehicle Year 2024
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Vehicle Make ACADIAN (GM OF CANADA)	Vehicle Style 2-DOOR SEDAN	Trailer/Towed Vehicle Plate Number 123
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Trailer/Towed Plate Prov. or State BRITISH COLUMBIA
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National Safety Code (NSC) Number (Canadian commercial vehicles only) nc12	Jurisdiction Code (Canadian commercial vehicles only) jc22
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Damage Location on Entity 02 Windshield	Severity of Damage 02 Light - Conspicuous but slight
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Estimated Vehicle Damage (\$) 300	Vehicle Stolen? <input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle Towed? <input type="radio"/> Yes <input checked="" type="radio"/> No
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Direction of Travel <input type="radio"/> N <input type="radio"/> E <input type="radio"/> W <input checked="" type="radio"/> S <input type="radio"/> Parked <input type="radio"/> Unknown	Street on Which Entity was Travelling/Parked Begbie St
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Insurance Coverage <input type="radio"/> ICBC <input type="radio"/> None <input checked="" type="radio"/> Other If other, specify insurer: Other ICBC If other, specify policy no.: Other ICBC

Box 22 Second Contact/Event 01 Other Motor Vehicle	Box 25 Pre-Collision Vehicle Action First Event 01 Going Straight Ahead
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Box 27 Vehicle Type 01 Passenger Car Only
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Box 27A Vehicle Use 02 Personal

Box 31 Contributing Factor 19 Fell Asleep	Box 32 Contributing Factor 19 Fell Asleep
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Box 33 Contributing Factor 16 Extreme Fatigue	Box 33A Contributing Factor 19 Fell Asleep
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Are there charges and/or Blood Alcohol Tests for this entity? <input type="radio"/> Yes <input checked="" type="radio"/> No
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Charges and Blood Alcohol Tests for Entity No. 2 Driver

Blood Alcohol Tests <input type="radio"/> BAC <input type="radio"/> BTA <input type="radio"/> Not Taken If taken, result 1: If taken, result 2:

Charge Type	Sec. Number	Short Title of Offence

Additional Collision Details	
Box 29 Pedestrian Location 98 No Pedestrian Involved	Box 30 Pedestrian Action 98 No Pedestrian Involved

Was there other property damage?
☐ No ☒ Yes, unknown value ☐ Yes estimated value:

☒ Are there witnesses?

Witness Name (this field expands)	Address (this field expands)	Contact Phone Number
Raj	124 BEEF ST	(879) 879-8798

Box 99 Police Comments
No comments

Collision Type (Collision Type and all Totals are calculated)
☐ Fatality ☐ Personal Injury ☐ Property Damage over \$10000

Total Estimated Damage \$600	Total Injured 0	Total Killed 0	Total Vehicles 2
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