



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): 2025-08-22T00:00:00-0	<input checked="" type="checkbox"/> Collision was reported on day of occurrence	Time of Collision (hh:mm): 27:00	Date Reported (yyyy-mm-dd): 2025-08-22T00:00:00-0
<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: lcl1	Segment Number: lc2	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
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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

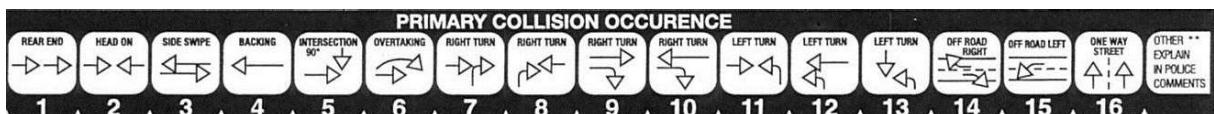
Box 8 Weather Condition

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:



02 Head On

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)
 Vehicle Pedestrian
 Cyclist Other

Entity Number
01

Possible Offender?
 Yes No

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.

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
<p>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.</p>			
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
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
Box 33 Contributing Factor 16 Extreme Fatigue	Box 33A Contributing Factor 19 Fell Asleep
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**

BAC BTA Not Taken
If taken, result 1:

If taken, result 2:

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

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
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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. 2 Driver	
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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

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