

VEHICLE #2

Driver's name: _____ Owner's name: _____
Driver's license no.: _____ (if different than driver)
Driver's address: _____ Owner's address: _____

Business phone: _____ Business phone: _____
Home phone: _____ Home phone: _____

THE VEHICLE

Make and model of vehicle: _____ Year: _____
License No. _____ Province: _____
Description of damage to vehicle: _____

THE PASSENGERS

Passengers in vehicle? ☐ Y ☐ N

If yes,
Name: _____ Position in vehicle*: _____
Name: _____ Position in vehicle: _____
Name: _____ Position in vehicle: _____

* E.g., front passenger, driver side rear, passenger side rear

INSURANCE

Insurance company: _____ Insurance agent/broker: _____

Policy number: _____ Expiry date: _____

So, you've had an accident...

AN ACCIDENT, NO MATTER HOW MINOR, CAN BE VERY STRESSFUL AND CONFUSING. THINGS YOU WOULD NORMALLY THINK TO DO OR SAY CAN BE EASILY FORGOTTEN. THIS REPORT FORM WAS DESIGNED TO HELP YOU NOTE IMPORTANT DETAILS RELATED TO THE ACCIDENT.

TIPS

- ☞ It is important to stay calm.
- ☞ Always call the police if:
 - someone is hurt;
 - you think any other driver may be guilty of a Criminal Code offence, such as drunk driving; and/or
 - there is significant property damage or the vehicle is not driveable.
- ☞ If it is safe, try to move your car to the side of the road, out of traffic. If you can't drive your car, turn on your hazard lights or use cones, warning triangles or flares.
- ☞ Regardless of the circumstances of the accident, never admit fault for the accident, sign any documents regarding fault or promise to pay for the damages.

THE ACCIDENT

Date: _____ Time: _____

Location: _____

Road conditions (e.g., icy, wet, clear, debris): _____

Weather conditions (e.g., fog, hail, clear): _____

WHAT HAPPENED?

(In your own words describe what happened)

(Use this space to draw what happened)

POLICE CALLED? ☐ Y ☐ N

If yes,

Officer's name: _____

Badge number: _____

Occurrence number: _____

ANYONE INJURED? ☐ Y ☐ N

If yes,

Name: _____

Who: _____

(driver? passenger? pedestrian?

which vehicle? witness?)

WITNESSES TO THE ACCIDENT*

Name: _____

Home phone: _____

Business phone: _____

Address: _____

Name: _____

Home phone: _____

Business phone: _____

Address: _____

* Independent witnesses are particularly important.

VEHICLE #1

Driver's name: _____

Driver's license no.: _____

Driver's address: _____

Business phone: _____

Home phone: _____

Owner's name: _____

(if different than driver)

Owner's address: _____

Business phone: _____

Home phone: _____

THE VEHICLE

Make and model of vehicle: _____ Year: _____

License No. _____ Province: _____

Description of damage to vehicle: _____

THE PASSENGERS

Passengers in vehicle? ☐ Y ☐ N

If yes,

Name: _____

Name: _____

Name: _____

Position in vehicle*: _____

Position in vehicle: _____

Position in vehicle: _____

* E.g., front passenger, driver side rear, passenger side rear

INSURANCE

Insurance company: _____

Policy number: _____

Insurance agent/broker: _____

Expiry date: _____