




So, you've had an accident...

ACCIDENTS ARE STRESSFUL, BUT **STAY CALM**, AND USE THIS FORM TO **RECORD IMPORTANT DETAILS.**

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TIPS

- **Call the police if:**
 - someone is hurt;
 - you think any other driver may be guilty of a Criminal Code offence, such as drunk driving;
 - you suspect you're the victim of a staged collision;
 - there is significant property damage or the vehicle is not driveable.
- **If it's safe, move your car to the side of the road.** If you can't drive your car, turn on your hazard lights or use cones, warning triangles or flares.
- **Regardless of the circumstances, 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?):

.....

WITNESS TO THE ACCIDENT (1) *Independent witnesses are particularly important.*

Name: Address:.....
Home phone:
Business phone:

VEHICLE #1

Driver's name: Owner's name (if different than driver):
Driver's licence no.:
Driver's address: Owner's address:
.....
.....
Business phone: Business phone:
Home phone: Home phone:

THE VEHICLE

Make and model of vehicle:
Year: Licence 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:

WITNESS TO THE ACCIDENT (2) *Independent witnesses are particularly important.*

Name: Address:.....
Home phone:
Business phone:

VEHICLE #2

Driver's name: Owner's name (if different than driver):
Driver's licence no.:
Driver's address: Owner's address:
.....
.....
Business phone: Business phone:
Home phone: Home phone:

THE VEHICLE

Make and model of vehicle:
Year: Licence 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: