

ACCIDENT REPORTING FORM

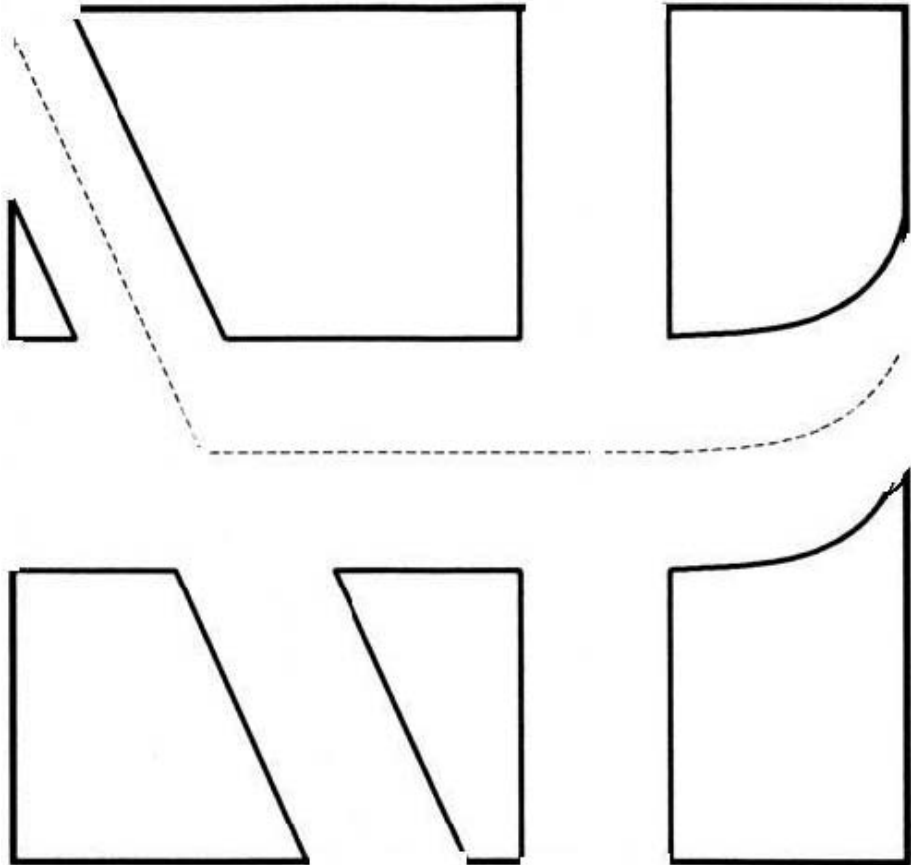
To be completed at the scene. (**Important:** Do not admit liability or discuss any settlement.)

Date of Accident:	Time of Accident:
Location (also see last page for sketching information)	Your Name:
Other Vehicle #1 or Property Involved Driver's Name _____ Driver's License # _____ Owner's Name _____	Your Vehicle License Plate # _____ Make and year of your vehicle: _____ Your speed at time of accident: ____ (kph)
Driver's & Owner's Address: _____ _____ Phone # _____	Weather Conditions: Road Conditions:
Other Vehicle #1 License Plate # Make/Model/Year _____ Insurance Company _____ Policy Number _____	Witness 1: Name, Address,, Phone # License Plate #: _____ _____ _____
Other Vehicle # 2 or Property Involved Drivers Name _____ Drivers License # _____ Owners Name _____	Witness 2: Name, Address, Phone # License Plate #: _____ _____ _____
Driver's and Owner's Address _____ Phone # _____	Details of any Injuries:

Other Vehicle #2 License Plate # _____ Make/Model/Year _____ Insurance Company _____ Policy Number _____	Names, addresses any injured persons: _____ _____ _____
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Guidelines After Accident:

- Check for personal injuries, call 911 if needed due to injuries or severe damage.
- If vehicle is drivable and if it's safe to do so, pull to side of road away from traffic.
- Record all the relevant information on page 1.
- Put out beacons or flares if available.
- Complete a sketch of the accident, points of impact and damage.
- If you have a camera, record the damages and the scene.
- File an accident report within 48 hours (Ontario 24 hours at Collision Centre)



NOTES:

Accident Report Number

Police Officer (if applicable)

INCLUDE LANE MARKINGS, POSITION & DIRECTION OF VEHICLES BEFORE & AFTER, TRAFFIC SIGNS & SIGNALS, OBSTRUCTIONS & SPEED LIMIT