

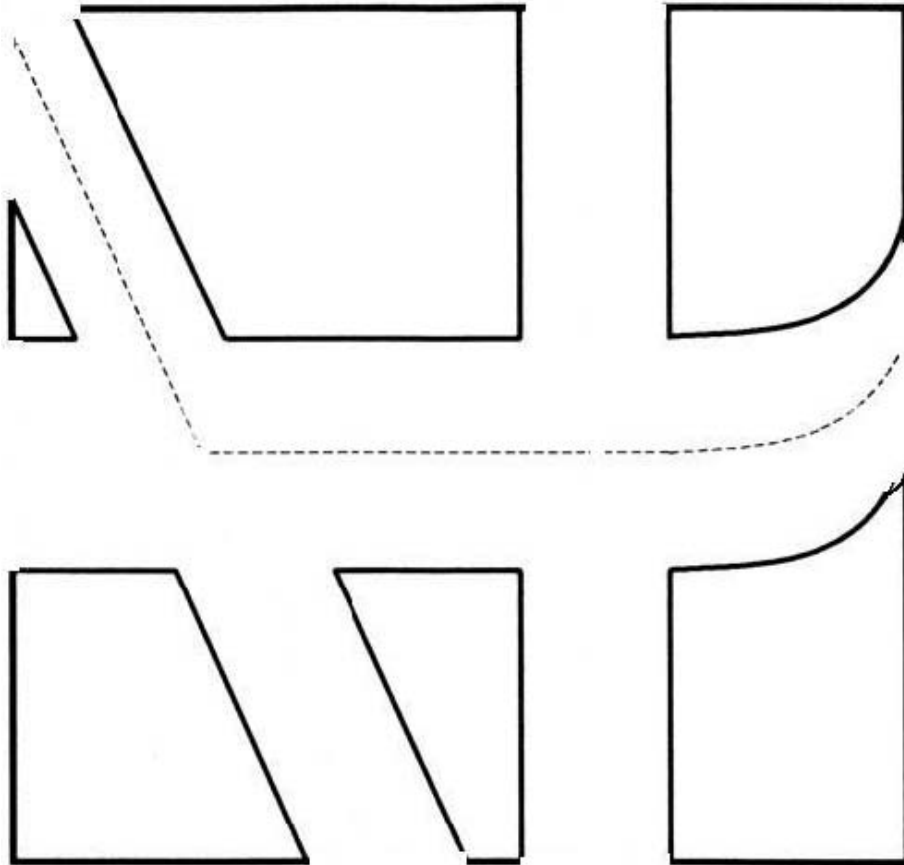
**ACCIDENT REPORTING FORM**To be completed at the scene. (**Important:** Do not admit liability or discuss any settlement.)

<b>Date of Accident:</b>	<b>Time of Accident:</b>
<b>Location</b> (also see last page for sketching information)	<b>Your Name:</b>
<b>Other Vehicle #1</b> or Property Involved  Driver's Name _____  Driver's License # _____  Owner's Name _____	<b>Your Vehicle</b>  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 _____	<b>Witness 1:</b> Name, Address,, Phone # License Plate #: _____ _____ _____
<b>Other Vehicle # 2</b> or Property Involved  Drivers Name _____  Drivers License # _____  Owners Name _____	<b>Witness 2:</b> 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