

ACCIDENT DETAILS

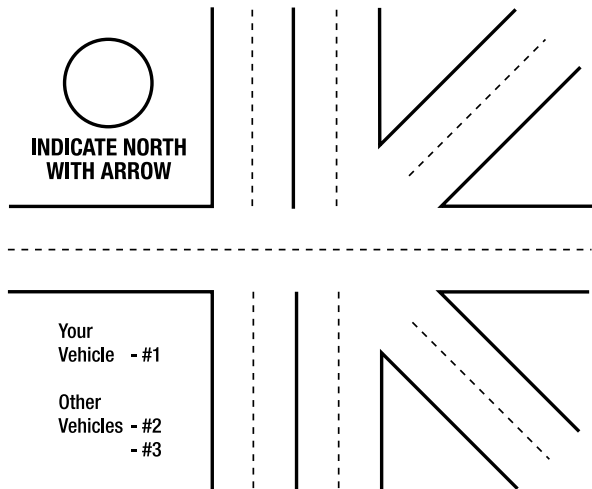
Date: _____

Time: _____

Location: _____

DIAGRAM OF ACCIDENT

Using the picture below, draw a diagram of the accident scene including street names, approximate distances between vehicles, positions of the vehicles and directions of travel.



PARTIES INVOLVED

VEHICLE #1 (YOUR VEHICLE)

Year / Make / Model / Colour & Plate #: _____

Owner(s): _____

Address & Phone No.: _____

Driver: _____

Address & Phone No.: _____

VEHICLE #2

Year / Make / Model / Colour & Plate #: _____

Owner(s): _____

Address & Phone No.: _____

Driver: _____

Address & Phone No.: _____

VEHICLE #3

Year / Make / Model / Colour & Plate #: _____

Owner(s): _____

Address & Phone No.: _____

Driver: _____

Address & Phone No.: _____

WITNESSES

Name & Phone No.: _____

Name & Phone No.: _____

POLICE ATTENDANCE

Did the Police attend? Yes No

Police Accident Report Attached? Yes No

Police File # _____

Other Police info (if any) _____

Any Arrests or Tickets?

DESCRIPTION OF ACCIDENT

(please mark "X" in appropriate box)

ROADWAY

- Straight 2 Lane Dry Holes & Ruts
- On Curve 3 Lane Wet Loose Materials
- Level 4 Lane Snowy Other _____
- On Grade Divided Muddy No Road Defects
- Hillcrest Oily Icy
- Lanes Unmarked Lanes Marked

WEATHER

- Clear Rain Sleet Fog
- Other: _____

VISIBILITY

- Daylight Darkness Dusk Artificial Light
- Other: _____

LIGHTS

- | | |
|--|---|
| Vehicle # | Vehicle # |
| 1 2 3 | 1 2 3 |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Headlights On | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left Turn On |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Turn On | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Horn Sounded |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flashers On | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brake Lights Working |

TYPE OF COLLISION

- Head On Rear End Side Swipe Broadside
- Other: _____

SPEED

Speed Limit at Accident Location _____

Estimated Speeds of Vehicles #1 _____ #2 _____ #3 _____

SEATBELTS

Type

- Available Lap & Shoulder
- Wearing Lap Only

DESCRIPTION OF ACCIDENT

(Briefly describe how the accident occurred.)
