ACCIDENT DETAILS

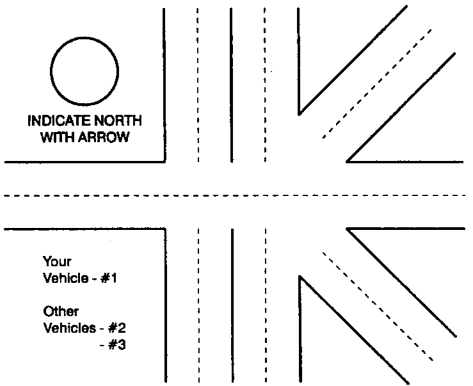
Date: ____________________

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 Number: ____________________

Owner(s): ____________________

Address & Phone No.: ____________________

Driver: ____________________

Address & Phone No.: ____________________

VEHICLE #2

Year / Make / Model / Colour & Plate Number: ____________________

Owner(s): ____________________

Address & Phone No.: ____________________

Driver: ____________________

Address & Phone No.: ____________________

VEHICLE #3

Year / Make / Model / Colour & Plate Number: ____________________

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 Officer Name, Force & Badge No.

Any Arrests or Tickets?

DESCRIPTION OF ACCIDENT

(please mark "X" in appropriate boxes)

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 # 1 2 3		Vehicle # 1 2 3	
☐ ☐ ☐	Headlights On	☐ ☐ ☐	Left Turn On
☐ ☐ ☐	Right Turn On	☐ ☐ ☐	Horn Sounded
☐ ☐ ☐	Flashers On	☐ ☐ ☐	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

☐ Available ☐ Wearing

Type

☐ Lap & Shoulder ☐ Lap Only

DESCRIPTION OF ACCIDENT

(Briefly describe how the accident occurred.)

(Continued on next page)

DESCRIPTION OF ACCIDENT (Continued)

PERSONAL INJURIES

(please mark "X" in appropriate box)

PARTS OF BODY AFFECTED

☐ Head ☐ Upper Back ☐ Thighs
☐ Eyes ☐ Lower Back / Spine ☐ Knees
☐ Mouth / Jaw / Teeth ☐ Chest ☐ Shins
☐ Nose ☐ Abdomen / Stomach ☐ Ankles
☐ Neck ☐ Arms / Hands ☐ Feet
☐ Shoulders ☐ Groin ☐ Buttocks
☐ Other ____________________

TYPE OF INJURY

☐ Abrasions / Scrapes ☐ Bruising ☐ Spinal Injury
☐ Burns ☐ Black Eyes ☐ Paralysis
☐ Cuts / Lacerations ☐ Joint Swelling ☐ Whiplash
☐ Dislocation ☐ Tenderness ☐ Headache
☐ Fracture ☐ Stiffness ☐ Nausea
☐ Unconsciousness Concussion ☐ Loss of Sensation / Numbness ☐ Sleeplessness / Insomnia
☐ Other ____________________

TYPE OF INJURY (Continued)

Did an ambulance attend? Yes / No

Were you or your passengers taken to hospital Yes / No

If so, please provide passenger information:

Name & Phone No.: ____________________

Name & Phone No.: ____________________

Hospital: ____________________

Address: ____________________

DETAILED DESCRIPTION OF INJURIES

Describe as accurately as possible your injuries and symptoms and how they occurred:

Date of Report: ____________________

Driver's Signature: ____________________