DESCRIPTION OF ACCIDENT (Continued)		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.:	e & Phone No.:		
		Name & Phone No.:			
		Hospital:			
		Address:			
		DETAILED DESCRIPTION OF INJURIES Describe as accurately as possible your injuries and symptoms and how they occured.			
PERSONAL INJURIES (please mark "X" in appropriate box)					
PARTS OF BODY AFFECTED					
☐ Head☐ Upper Back☐ Eyes☐ Lower Back / Spine☐ Mouth/Jaw/Teeth☐ Chest☐ Nose☐ Abdomen / Stomach	Shins				
NeckShouldersOtherGroin	Buttocks				
TYPE OF INJURY					
□ Abrasions/Scrapes□ Burns□ Black Eyes□ Cuts / Lacerations□ Joint Swelling	☐ Spinal Injury ☐ Paralysis ☐ Whiplash				
☐ Dislocation ☐ Tenderness ☐ Fracture ☐ Stiffness	☐ Headache☐ Nausea				
☐ Unconsciousness☐ Loss of Sensation/Concussuion☐ Numbness☐ Other	Sleeplessness/ Insomnia	Date of Report:			
		Driver's Signature			

YOUR PERSONAL AUTOMOBILE ACCIDENT / INJURY REPORT

KEEP THIS IN YOUR GLOVE COMPARTMENT

To protect yourself and ensure the best possible settlement of your personal injury (ICBC) claim, we suggest that you do the following:

- Record all of the important evidence by completing this report as soon as possible after the accident.
- While you are required to report an accident to ICBC, you should speak to a lawyer BEFORE you provide a statement.
- 3. **DO NOT** discuss who was a fault with anyone except your lawyer.

FOR A FREE CONSULTATION CALL

604-669-5534



PERSONAL INJURY LAW

Suite 601 - 815 Hornby Street Vancouver BC V6Z 2E6

www.JefferyCalder.com

VEHICLE #2 ACCIDENT DETAILS 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. **VEHICLE #3** INDICATE NORTH WITH ARROW Your Vehicle - #1 Other Vehicles - #2 - #3 WITNESSES PARTIES INVOLVED POLICE ATTENDANCE **VEHICLE #1 (YOUR VEHICLE)** Year / Make / Model / Colour & Plate #: _____ Owner(s): _____ Address & Phone No.:

Address & Phone No.:

DESCRIPTION OF ACCIDENT (please mark "X" in appropriate box) Year / Make / Model / Colour & Plate #: **ROADWAY** ☐ Straight ☐ 2 Lane ☐ Drv ☐ Holes & Ruts ☐ On Curve ☐ 3 Lane Wet ☐ Loose Materials ☐ Snowv ☐ Other l evel 4 Lane Address & Phone No.: ☐ On Grade ☐ Divided ☐ Muddy ☐ No Road Defects ☐ Hillcrest ☐ Oilv ☐ lcv ☐ Lanes Unmarked ☐ Lanes Marked Address & Phone No.: **WEATHER** ☐ Clear ☐ Rain ☐ Sleet ☐ Fog Other: Year / Make / Model / Colour & Plate #: **VISIBILITY** ☐ Daylight ☐ Darkness ☐ Dusk ☐ Artificial Light Other: Owner(s): _____ LIGHTS Address & Phone No.: Vehicle # Vehicle # 1 2 3 1 2 3 ☐ ☐ ☐ Headlights On Left Turn On ☐ ☐ ☐ Horn Sounded Right Turn On Address & Phone No.: ☐ ☐ ☐ Flashers On ☐ ☐ ☐ Brake Lights Working TYPE OF COLLISION ☐ Head On ☐ Rear End ☐ Side Swipe ☐ Broadside Other: Name & Phone No.: **SPEED** Name & Phone No.: Speed Limit at Accident Location _____ Estimated Speeds of Vehicles #1 _____ #2 ____ #3 ____ Did the Police attend? ☐ Yes ☐ No Police Accident Report Attached?..... Yes No **SEATBELTS** Type Available ☐ Lap & Shoulder Police File # _____ Wearing ☐ Lap Only Other Police info (if any) **DESCRIPTION OF ACCIDENT** (Briefly describe how the accident occured.) Any Arrests or Tickets?

(Continued over)