

## ACCIDENT CHECKLIST

### At the Scene

1. Stay calm. Take care of anyone injured.
2. Switch on four-way flashers, turn off ignition, secure vehicle.
3. If necessary, place reflectors or flags and divert traffic.
4. Call emergency services, if necessary dial 911.
5. If damage exceeds \$1,000 in Ontario or \$2,000 in Alberta, or if there are injuries, call police. In Ontario, report the collision to the Collision Reporting Centre.
6. Do not make any statements admitting fault, or offer to pay for repairs.
7. Gather information from everyone involved in the accident (obtain all contact details).
8. Call your insurance company and broker and in Ontario, report to the Collision Reporting Centre.

### Accident Details

Date & time: \_\_\_\_\_

Location: \_\_\_\_\_

Weather conditions & visibility: \_\_\_\_\_

Road & traffic conditions: \_\_\_\_\_

Description of your vehicle's damage: \_\_\_\_\_

Description of other vehicle's damage: \_\_\_\_\_

Details of any other property damage: \_\_\_\_\_

### Other Driver & Vehicle

Ask to see driver's licence, vehicle registration, and insurance information.

Driver's name: \_\_\_\_\_

Licence number & province/state: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Name of passenger (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

V.I.N.: \_\_\_\_\_

Vehicle licence plate: \_\_\_\_\_

Year/Make & Model/Colour: \_\_\_\_\_

Owner's name (if different than driver): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Insurance company & policy number: \_\_\_\_\_

Please use the blank side of this paper for additional space.

### Witness Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Licence plate: \_\_\_\_\_

### Injured Person(s)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Evidence of injury: \_\_\_\_\_

### Police Details

Name: \_\_\_\_\_

Detachment & badge number: \_\_\_\_\_

File number: \_\_\_\_\_

Collision Reporting Details (Ontario only): \_\_\_\_\_

Please use the blank side of this paper for additional space.

### Facts of the Accident

Direction you were travelling: \_\_\_\_\_

On what street: \_\_\_\_\_

Speed of your vehicle: \_\_\_\_\_

Direction of other vehicle: \_\_\_\_\_

Speed of other vehicle: \_\_\_\_\_

Road and weather conditions: \_\_\_\_\_

Which vehicle entered intersection first? \_\_\_\_\_

Any signal given by you or other driver? \_\_\_\_\_

Length of skid marks (for each vehicle): \_\_\_\_\_

### Accident Sketch

