

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.

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): _____

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.

Accident Sketch

