

ACCIDENTS HAPPEN

IN THE UNFORTUNATE EVENT OF AN ACCIDENT, USE THIS FORM TO RECORD IMPORTANT DETAILS.



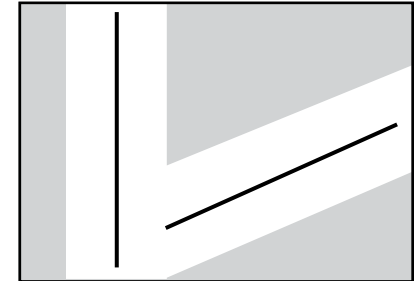
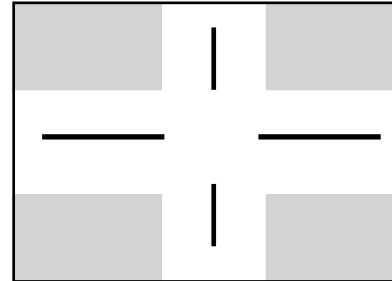
YOUR VEHICLE WAS:

- Stopped in traffic
- Moving
- Legally parked

OTHER VEHICLE WAS:

- Stopped in traffic
- Moving
- Legally parked

USE THIS DIAGRAM TO DESCRIBE THE ACCIDENT:



- Daylight
- Dusk
- Dark

OTHER DRIVER INFORMATION:

Name: _____

Address: _____ Province: _____

Phone (H): _____ (W): _____

Vehicle Year/Make/Model: _____

Driver's Licence #: _____

Insurance Company: _____

Policy Number: _____

WEATHER CONDITIONS:

RESPONDING POLICE OFFICER:

Name: _____

Badge Number: _____

Police Department: _____

WITNESS INFORMATION:

Name: _____

Phone (H): _____ (W): _____

