

# ACCIDENT REPORT

## GENERAL INFO

|                                       |                         |                   |  |                 |
|---------------------------------------|-------------------------|-------------------|--|-----------------|
| <b>ACCIDENT DATE</b>                  |                         |                   | <b>CLAIM #</b>                                 |                 |
| <b>ACCIDENT TIME</b>                  |                         |                   | <b>ACCIDENT LOCATION</b>                       |                 |
| <b>FLEET NAME</b>                     |                         |                   | <b>FLEET CONTACT</b>                           |                 |
| <b>BENEFICIAL OWNER OF VEHICLE</b>    |                         |                   | <b>FLEET CONTACT PHONE #</b>                   |                 |
| <b>DRIVER NAME</b>                    |                         |                   | <b>ADDRESS</b>                                 |                 |
| <b>DRIVER'S LICENSE #</b>             |                         | <b>PROV/STATE</b> | <b>PHONE # FOR DRIVER</b>                      |                 |
| <b>TRACTOR UNIT #:</b>                | <b>TRACTOR PLATE #:</b> |                   | <b>DRIVABLE - YES OR NO</b>                    |                 |
| <b>REGISTERED OWNER:</b>              |                         |                   | <b>IF NOT DRIVEABLE LIST CURRENT LOCATION:</b> |                 |
| <b>ROUTE - ORIGIN AND DESTINATION</b> |                         |                   | <b>REPAIR SHOP NAME</b>                        |                 |
| <b>LIST VEHICLE DAMAGE:</b>           |                         |                   | <b>TOW TRUCK ON SCENE? YES / NO</b>            |                 |
|                                       |                         |                   | <b>TOW COMPANY NAME:</b>                       |                 |
| <b>TRAILER 1 PLATE</b>                | <b>PROV/STATE</b>       | <b>DAMAGE</b>     | <b>DRIVEABLE</b>                               | <b>LOCATION</b> |
|                                       |                         |                   | <b>YES OR NO</b>                               |                 |
| <b>TRAILER UNIT #:</b>                |                         |                   |  |                 |
| <b>TRAILER 2 PLATE</b>                | <b>PROV/STATE</b>       | <b>DAMAGE</b>     | <b>DRIVEABLE</b>                               | <b>LOCATION</b> |
|                                       |                         |                   | <b>YES OR NO</b>                               |                 |
| <b>TRAILER UNIT #:</b>                |                         |                   |  |                 |
| <b>CARGO DESCRIPTION</b>              |                         |                   | <b>CARGO INSURER</b>                           |                 |
|                                       |                         |                   |  |                 |



# ACCIDENT REPORT

## DRIVER'S REPORT

|  |   |   |  |
|--|---|---|--|
| <b>DATE OF ACCIDENT</b>                            | <b>TIME</b>                             | <b>TRAVEL DIRECTION</b>   | <b>SPEED</b>   |
| <b>CITY</b>  | <b>PROV</b>                             | <b>WEATHER</b><br>CLEAR / CLOUDY / SUNNY<br>/ RAINING / FOGGY /<br>SNOWING / WINDY / HAIL | <b>ROAD CONDITIONS</b><br>DRY / WET / SLIPPERY / ICY / SNOW / SLUSHY |
| <b>STREET TRAVELING</b>                            | <b>POLICE ON SCENE?</b><br><br>YES / NO | <b>POLICE FILE #</b>  | <b>POLICE CITY</b>   |
| <b>CROSS STREET</b>                                | <b>CITATION ISSUED?</b><br><br>YES / NO | <b>POLICE OFFICE NAME</b>   | <b>PH #</b>  |
| <b>TRAFFIC</b><br><br>LIGHT / MODERATE / RUSH HOUR |   | <b>PROPERTY DAMAGE? (FENCE, POLE, BUILDING)</b>   |  |

**STATEMENT OF ACCIDENT**

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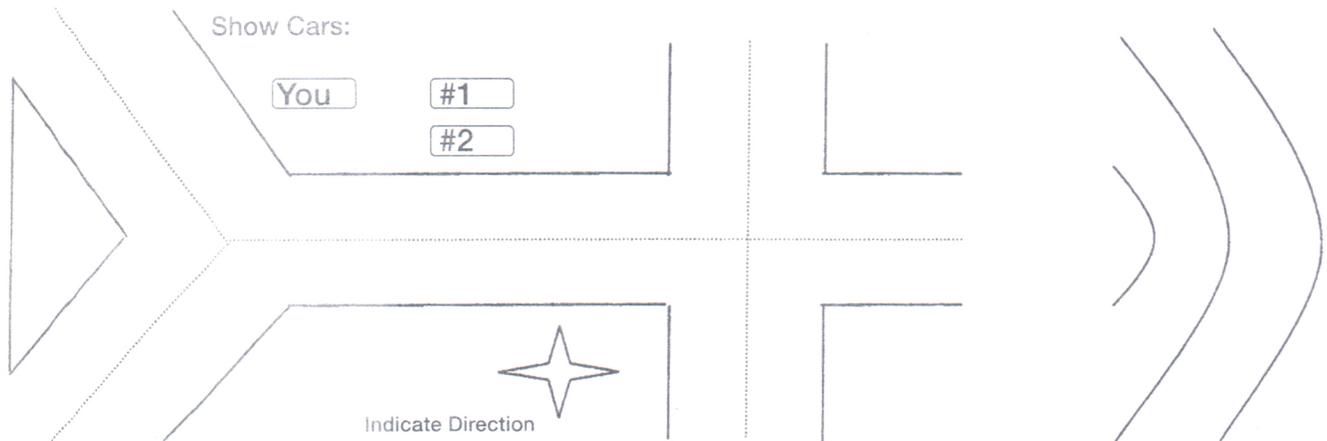
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**ILLUSTRATE POSITION OF CARS AT TIME OF COLLISION.**



|                  |             |
|------------------|-------------|
| <b>SIGNATURE</b> | <b>DATE</b> |
|------------------|-------------|

# ACCIDENT REPORT

## WITNESS INFO

|               |          |
|---------------|----------|
| WITNESS NAME: | PHONE #: |
| WITNESS NAME: | PHONE #: |

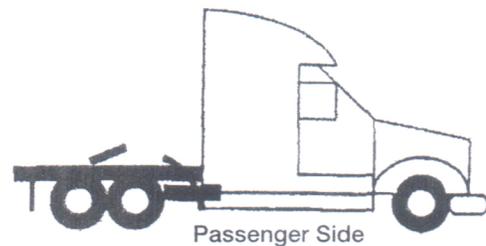
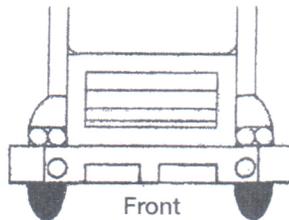
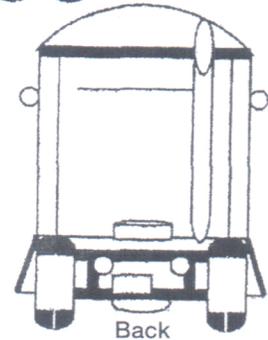
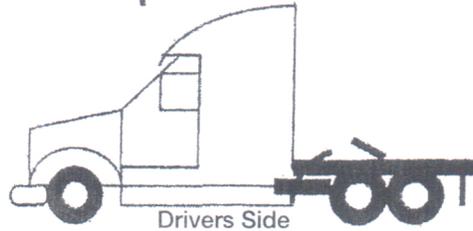
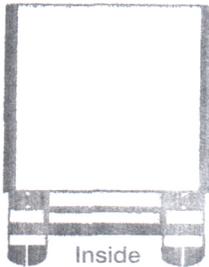
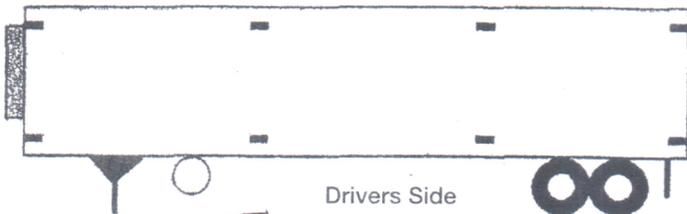
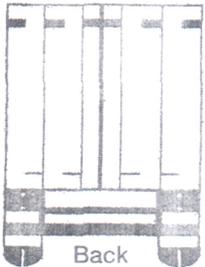
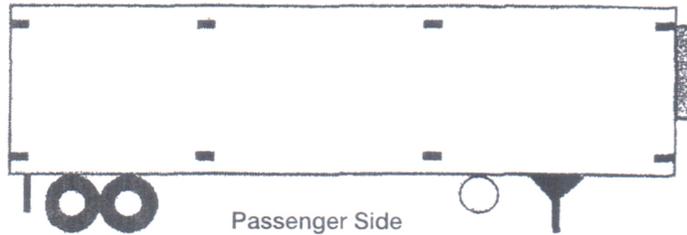
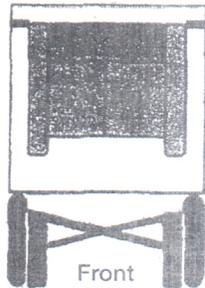
## OTHER MOTORIST #1

|                              |         |                            |               |
|------------------------------|---------|----------------------------|---------------|
| REGISTERED OWNER NAME        | PH#     | LICENSE PLATE              | PROV/STATE    |
| OWNER'S ADDRESS              |         | INSURANCE COMPANY          | POLICY NUMBER |
| DRIVER NAME                  | PHONE # | DRIVER'S LICENSE #         | PROV/STATE    |
| HOW MANY PASSENGERS INJURED? |         | DESCRIBE DAMAGE ON VEHICLE |               |
| PASSENGER NAMES              |         | ANY PREVIOUS DAMAGE?       |               |

## OTHER MOTORIST #2

|                              |         |                            |               |
|------------------------------|---------|----------------------------|---------------|
| REGISTERED OWNER NAME        | PH#     | LICENSE PLATE              | PROV/STATE    |
| OWNER'S ADDRESS              |         | INSURANCE COMPANY          | POLICY NUMBER |
| DRIVER NAME                  | PHONE # | DRIVER'S LICENSE #         | PROV/STATE    |
| HOW MANY PASSENGERS INJURED? |         | DESCRIBE DAMAGE ON VEHICLE |               |
| PASSENGER NAMES              |         | ANY PREVIOUS DAMAGE?       |               |

## ACCIDENT INSPECTION



S = Scrapes/Scratches

D = Dents

H = Holes

C = Crack/Cuts

M = Missing

**Are you accepting liability for this accident?**

**YES OR NO**

**Please attach:**

- police reports
- accident scene and damage photos
- Statement
- receipts

PICTURES OF DRIVERS LICENSE BOTH PARTIES

PICTURES OF INSURANCE & REREGISTRATION

PICTURES & VIDEO OF DAMAGES & POINT OF COLLISIONS