



MOTOR VEHICLE ACCIDENT REPORT

Vehicle Number

Confidential report prepared for instruction of counsel in anticipation of possible litigation

Department	Branch	Date of Accident	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
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LOCATION OF ACCIDENT

City or Town/Province (etc.)	Street and Nearest Intersection
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Highway No. and Distance and Direction from nearest Intersection or Landmark

GOVERNMENT VEHICLE

Car Truck Bus Motorcycle Other (specify) _____

Year	Make	Driver's Name	Age
Model	Type	Occupation	
Vehicle Permit No.	Province	Driver's Licence No.	Province
Owner's Name	Licence Restrictions (wears eyeglasses, artificial limbs, etc.)		
Telephone (Home)	Telephone (Office)	Telephone (Home)	Telephone (Office)
Address		Address	
Name of Insurance Company		Agent's Name	Telephone
Policy Number		Estimated Vehicle Damage	Estimated Property Damage

OTHER VEHICLE AND/OR OBJECT (If more than one list on a separate sheet)

Car Truck Bus Motorcycle Other (specify) _____

Year	Make	Driver's Name	Age
Model	Type	Occupation	
Vehicle Permit No.	Province	Driver's Licence No.	Province
Owner's Name	Licence Restrictions (wears eyeglasses, artificial limbs, etc.)		
Telephone (Home)	Telephone (Office)	Telephone (Home)	Telephone (Office)
Address		Address	
Name of Insurance Company		Agent's Name	Telephone
Policy Number		Estimated Vehicle Damage	Estimated Property Damage



PERSONS(S) INJURED/KILLED

	Name	Address	Age	Sex		Govt. Veh.	Other Veh.	Pedestrian	Killed	Injured	Nature of Injuries
				M	F						
A											
B											
C											
D											
E											
F											

PERSONS(S) TAKEN TO HOSPITAL/DOCTOR (Must correspond with those listed above)

	Transported By			Name of Person Transporting Injured	Name and Address of Hospital/Doctor
	Ambulance	Police	Other (specify)		
A					
B					
C					
D					
E					
F					

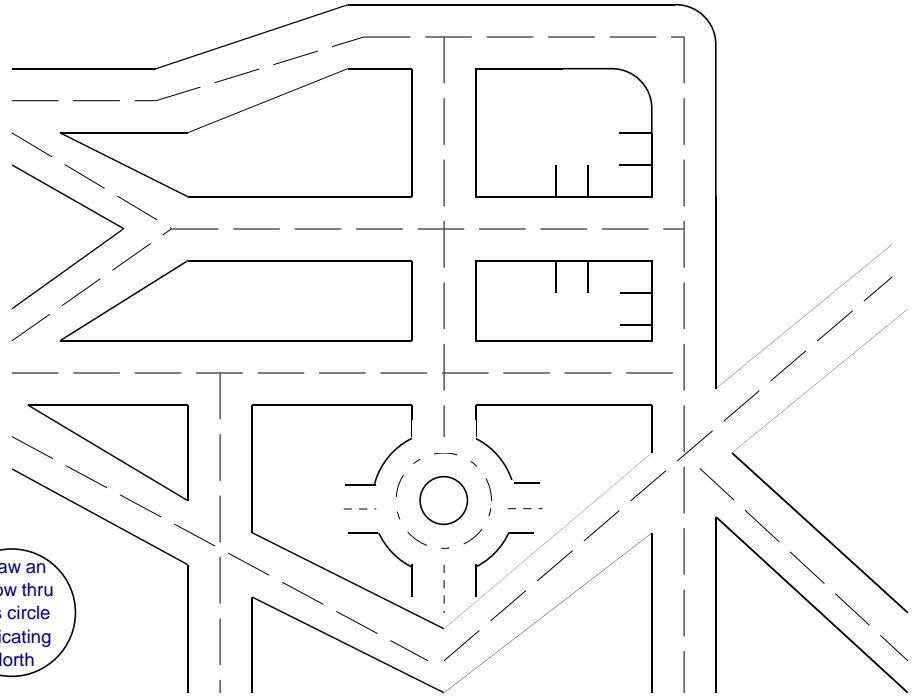
WITNESSES (Do not list anyone mentioned above)

Name	Address	Telephone

THESE SYMBOLS MAY BE USED FOR ILLUSTRATING

- - Traffic Light
- - Stop Sign
- X - Pedestrian/Crosswalk
- ▽ - Yield Sign
- (with person) - Pedestrian/Animal
- ▢ (with person) - Motorcycle/Bicycle
- ▢ (with car) - Other Vehicle
- ▢ (with 'GV' and car) - Government Vehicle
- ▢ (with train) - Train

SKETCH OF ACCIDENT SCENE



Select part of sketch most resembling accident scene
Show:

- position of vehicle and objects involved, before accident, at impact and after accident.
- traffic lights, signs.
- designations of streets and roads.
- distance of skid.

Draw an arrow thru this circle indicating North

CHECK OR GIVE INFORMATION REQUIRED

WEATHER CONDITIONS		ROAD CONDITIONS		GOVT. VEH.	OTHER VEH.	ESTIMATED SPEED		GOVT. VEH.	OTHER VEH.	RAILWAY CROSSING	
1. Clear		1. Dry				1. Before Taking Action to Avoid Accident				1. Automatic Signal	
2. Cloudy		2. Icy				2. At Moment of Impact				2. Gates Not Down	
3. Fog or Mist		3. Loose Sand or Gravel				WHAT WAS DRIVER DOING?				3. Guarded, Man on Duty	
4. Rain		4. Muddy					1. Car Run Away			4. Signal Not Given	
5. Smoke or Dust		5. Snowy					2. Car Standing in Roadway			5. Unguarded Crossing	
6. Snow		6. Wet				3. Cutting In				WHAT WAS PEDESTRIAN DOING?	
7. Visibility Good		7. Defect in Roadway				4. Cutting Left Corner				1. Coming From Behind Parked/Moving Vehicle	
8. Visibility Fair		8. Ditches (describe)				5. Did Not Have Right-of-Way				2. Crossing Street Diagonally	
9. Visibility Poor		9. Heavy Traffic				6. Drove Off Roadway				3. Crossing Intersection With Signal	
10. Windy		10. Normal				7. Drove Through Safety Zone				4. Crossing Intersection Against Signal	
LIGHT CONDITIONS		11. Under Construction				8. Exceeding Speed Limit				5. Crossing Intersection No Signal	
		12. Shoulders				9. Failing to Signal				6. Getting On/Off Bus/Street Car	
		13. Slippery				10. Following Too Close				7. Getting On/Off Other Vehicle	
		CONDITION OF VEHICLE				11. Giving Incorrect Signal				8. In Street, Not at Intersection	
1. Artificial Good		1. Apparently Good				12. Hit and Run				9. Not on Roadway	
2. Artificial Fair		2. Brakes Defective				13. On Wrong Side of Road				10. Playing in Street	
3. Artificial Poor		3. Glaring Headlights				14. Passing at Intersection				11. Riding/Hitching on Vehicle	
4. Dark		4. Headlights Dim				15. Passing on Curve or Hill				12. Standing on Safety Island	
5. Day		5. One Headlight Out				16. Passing on Wrong Side				13. Crossing Intersection in Crosswalk	
6. Dusk		6. Both Headlights Out				17. Passing Standing Bus/Street Car				14. Walking on Hwy Against Traffic	
TYPE OF ROAD		7. Parking Lights On				18. Pulling out From Curb				15. Walking on Hwy With Traffic	
		8. Chains				19. Railroad, Did not Stop				CONDITION OF PEDESTRIAN	
1. Asphalt		9. Puncture, Blowout				20. Reckless Driving				1. Careless	
2. Brick or Cobble		10. Steering Gear Defective				21. Through Street, Did not Stop				2. Had Physical Defect	
3. Concrete		11. Tail Light Out or Obscured				22. Failed to Obey Traffic Signals				3. Normal	
4. Earth		12. Badly Worn Tires				23. Swerved				4. View Obstructed	
5. Flat or Cambered		13. Windshield Wiper not working				24. Disregarded Railroad Sign				5. Was Confused by Traffic	
6. Gravel		DIRECTION OF TRAVEL				CONDITION OF DRIVER				6. Believe Intoxicated	
7. High Fill (Give Feet)		1. Backing				1. Extreme Fatigue					
8. Width (Travelled Portion)		2. Going Straight				2. Had Physical Defect					
9. Width (Shoulders)		3. Parked or Standing Still				3. Normal					
10. Wood (Bridge)		4. Skidding				4. Believe Intoxicated					
11. Speed Limit		5. Slowing Down or Stopping				5. Otherwise Impaired					
		6. Turning Left									
		7. Turning Right									

STATEMENT OF DRIVER OF GOVERNMENT VEHICLE (Attach extra page(s) if space insufficient)

Include in your statement if you were wearing a seat belt before and during the accident

Signature

Date

STATEMENT OF PASSENGER IN GOVERNMENT VEHICLE (If more than one, use separate sheet for each)

Name		Address
Occupation	Telephone	

Include in your statement if you were wearing a seat belt before and during the accident

Signature

Date

INVESTIGATING POLICE

Name of Police Department	Detachment	
Name of Investigating Officer	Badge No.	Did police take photographs of accident scene? <input type="checkbox"/> Yes <input type="checkbox"/> No

STATEMENT OF DRIVER'S SUPERVISOR

I hereby certify that the operator of the government vehicle described herein, whose signature appears on page 4, was, was not, acting in the course of his/her duties at the time of the aforementioned accident.

Signature

Date