



2018-001e

Driver's Accident
Report Kit:

Commercial



Essential information

What to do in the case of an accident:

1. When conditions and/or regulations permit, move on to the shoulder or side of roadway to prevent further damage or hazards. Turn on four-way flashers, set out flares or reflectors promptly.
2. Ask someone to summon Police and Medical assistance if anyone is injured
3. Keep calm. Be courteous. Don't argue.
4. Make no statement concerning the accident to anyone except a Police Officer. Get the Officer's name and badge number. Make no settlement.
5. Complete this report on the scene. Fill in all information.
6. Obtain the names and addresses of witnesses and of all persons injured, regardless of how minor the injury.
7. If an employee, report accident as soon as possible to your employer.
8. Before leaving the accident scene, check to see that you have all the facts.
9. For prompt Claims Help, call your Broker. If unable to reach them, call the nearest *Northbridge Insurance*® Claims Office.
10. Please take the time to accurately collect the information within this booklet, which will assist you in making a claim. Please report the claim promptly to *Northbridge Insurance*.

This booklet has been prepared as a tool to assist you in making a claim in the event of a motor vehicle accident.



↘ Your personal details

Your name:

Licence #:

Phone: (.....)
(.....)

Vehicle year:

Vehicle make:

Vehicle model:

Serial #:

Licence plate:

Province registered:

↘ Driver information

Involved driver #1

Name:

Complete address:

Phone: (.....)
(.....)

Licence #:

Involved driver #2

Name:

Complete address:

Phone: (.....)
(.....)

Licence #:

Essential information

↳ Vehicle information

Involved vehicle #1

Vehicle year:

Vehicle make:

Vehicle model:

Serial #:

Licence plate:

Province registered:

Insurance co.:

Policy #:

Owner's name:

Phone: (.....)

Address:

Involved vehicle #2

Vehicle year:

Vehicle make:

Vehicle model:

Serial #:

Licence plate:

Province registered:

Insurance co.:

Policy #:

Owner's name:

Phone: (.....)

Address:



↳ Passenger information

Passenger #1

Name:

Complete address:

Phone: (.....)

(.....)

Which vehicle was this passenger in? My own #1 #2

Passenger #2

Name:

Complete address:

Phone: (.....)

(.....)

Which vehicle was this passenger in? My own #1 #2

Passenger #3

Name:

Complete address:

Phone: (.....)

(.....)

Which vehicle was this passenger in? My own #1 #2

Passenger #4

Name:

Complete address:

Phone: (.....)

(.....)

Which vehicle was this passenger in? My own #1 #2

Accident specifics

↳ Cargo loss information

Was the cargo damaged?

YES NO

Estimated value of the damage: \$.....

Describe the damage to the cargo:

↳ Accident details

Accident date:

Accident time:

Accident location:.....

.....

Vehicle speed at time of accident:

Describe any vehicle damage:.....

.....

.....

.....



↘ Road / Weather condition

Describe the road conditions by checking one or more of the following:

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Grade.....% | <input type="checkbox"/> Hill crest | <input type="checkbox"/> Wet |
| <input type="checkbox"/> Level | <input type="checkbox"/> Hilly | <input type="checkbox"/> Divided highway | <input type="checkbox"/> Dry |
| <input type="checkbox"/> Curve | <input type="checkbox"/> Debris/construction | <input type="checkbox"/> Oily | <input type="checkbox"/> Icy |
| <input type="checkbox"/> Marked lanes | <input type="checkbox"/> Pot holes | <input type="checkbox"/> Snowy | <input type="checkbox"/> Muddy |
| <input type="checkbox"/> Unmarked lane | <input type="checkbox"/> Other (describe):..... | | |

Describe the traffic controls at the intersection by checking one or more of the following:

- | | |
|--|--|
| <input type="checkbox"/> Four-way stop | <input type="checkbox"/> Four-way traffic lights |
| <input type="checkbox"/> Stop signs at north/south sides | <input type="checkbox"/> Stop signs at east/west sides |
| <input type="checkbox"/> Traffic lights at north/south sides | <input type="checkbox"/> Traffic lights at east/west sides |

Other (describe):.....

Describe the traffic conditions just prior to the accident by checking one or more of the following:

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------|------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Heavy | <input type="checkbox"/> Light | <input type="checkbox"/> Stop & go | <input type="checkbox"/> Merging traffic |
|-------------------------------|--------------------------------|--------------------------------|------------------------------------|--|

Other (describe):.....

Describe the weather conditions just prior to the accident by circling one or more of the following:

- | | | | | |
|--------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Snow | <input type="checkbox"/> Fog | <input type="checkbox"/> Rain | <input type="checkbox"/> Sleet |
|--------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------------------|

Other (describe):.....

Describe the visibility just prior to the accident by circling one or more of the following:

- | | | | |
|-----------------------------------|-----------------------------------|---|-------------------------------|
| <input type="checkbox"/> Daylight | <input type="checkbox"/> Darkness | <input type="checkbox"/> Artificial light | <input type="checkbox"/> Dusk |
|-----------------------------------|-----------------------------------|---|-------------------------------|

Other (describe):.....

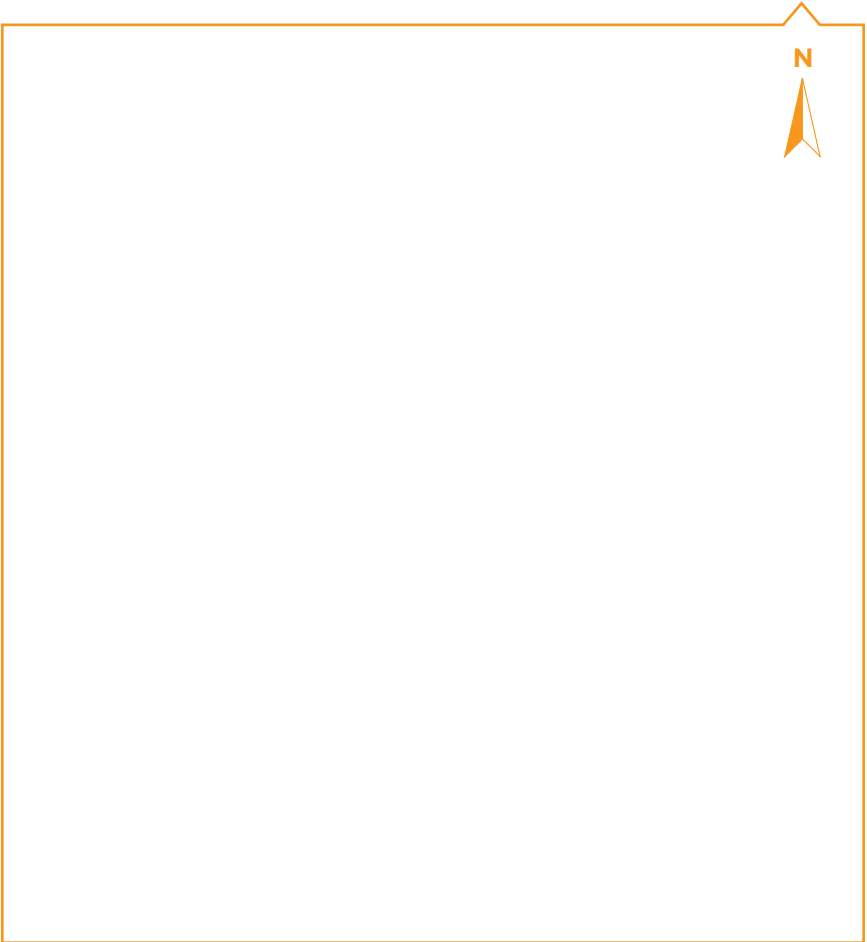
Accident specifics

Describe how the accident occurred

In the area provided below, sketch the accident scene. Indicate streets, signs and illustrate position of vehicles at time of collision. Specify the following:

Your vehicle \xrightarrow{A}

Other vehicles $\xrightarrow{1}$ $\xrightarrow{2}$



A large empty rectangular box with an orange border, intended for sketching the accident scene. A north arrow is located in the top right corner of the box.



Action or movement of the other vehicle	Vehicle 1	Vehicle 2	Vehicle 3
Driving straight ahead			
Turning right			
Turning left			
Making a U-turn			
Making a U-turn			
Lost control			
Stopped or parked			
Backing up			
Jack-knifed trailer			
Passing right side			
Passing left side			
Weaving			
Skidding			
On the wrong side			
Other (describe)			

Please describe all the details of the accident (additional space is provided after this page if required):

.....

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Accident **specifics**

↘ Accident summary

Describe how the accident occurred in as much detail as possible:

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↘ Police information

Officer name:

Badge #: Station #:

Police report #:



➤ Additional details

In the space provided below, note any other accident details:

A large rectangular area with an orange border and a small orange triangle at the top left corner. The interior of the rectangle is filled with horizontal dotted lines, providing a space for writing additional details.

↘ Witness card # 1

If you were a witness to this accident, please complete this card and return it to the driver.

Name:.....

Address:.....

Prov./State:..... Phone: (.....)

Did you see the accident occur?.....

Please describe where you were when the accident occurred:.....

.....

What do you think caused this accident?.....

Thank you for your assistance



↘ Witness card # 2

If you were a witness to this accident, please complete this card and return it to the driver.

Name:.....

Address:.....

Prov./State:..... Phone: (.....)

Did you see the accident occur?.....

Please describe where you were when the accident occurred:.....

.....

What do you think caused this accident?.....

Thank you for your assistance



↘ Witness card # 3

If you were a witness to this accident, please complete this card and return it to the driver.

Name:.....

Address:.....

Prov./State:..... Phone: (.....)

Did you see the accident occur?.....

Please describe where you were when the accident occurred:.....

.....

What do you think caused this accident?.....

Thank you for your assistance



