



Auto Accident Report Form

Keep in Your Glove Box

When an accident occurs:

First Steps	While Still on Scene
<ul style="list-style-type: none"> • Remain calm • Get to a safe place • Check for injuries, contact medical assistance if required • Contact RCMP 	<ul style="list-style-type: none"> • Get as much info as possible on this report • Take photographs • If the RCMP arrive, cooperate and tell them what you know • Don't admit fault

ACCIDENT INFORMATION

Date of Accident: _____ Time of Accident: _____ AM / PM
 Location of Accident: _____
 RCMP Report Written: YES / NO RCMP File #: _____
 Summary of Accident: _____

GENERAL INFORMATION

Community Vehicle
 Name of Employee: _____ Driver's License #: _____
 Phone (Home): _____ Phone (Work): _____
 License Plate #: _____ Vehicle Year: _____ Make: _____
 Model: _____ VIN #: _____

Other Vehicle
 Driver's Name: _____ Driver's License #: _____
 Address: _____ Phone: _____
 Insurance Company: _____ Policy #: _____
 Vehicle Year: _____ Make: _____
 Model: _____ VIN #: _____

INJURIES

Community Vehicle
 Name: _____ Name: _____
 Phone (if passenger): _____ Phone (if passenger): _____
 Injuries Sustained: _____ Injuries Sustained: _____

Other Vehicle
 Name: _____ Name: _____
 Phone (if passenger): _____ Phone (if passenger): _____
 Injuries Sustained: _____ Injuries Sustained: _____

VEHICLE DAMAGE

Community Vehicle
 Area of damage: _____
 Description of damage: _____

Other Vehicle
 Area of damage: _____
 Description of damage: _____

Submit form to your supervisor immediately