

1 If you are in a collision

- Stay calm.
- Determine the extent of any injuries or damage.
- Call the police or emergency responders if required.
- Do not move any victim(s) unless there is an immediate risk of further injury from oncoming traffic, leaking fuel or fire.
- Keep the victim(s) warm with coats, blankets or whatever is available until an ambulance arrives.
- Exchange information with the other driver and witnesses.
- Record all essential details for your records.
- Call your insurance company to discuss the next steps.

2 If you come upon a collision

- Assess the situation: is anyone hurt? Have the authorities been called?
- If they have not been contacted, call the police.
- If you witnessed the collision, remain on the scene and talk to police.

3 Collision sketch

Use the space below to recreate the collision for future reference. Use arrows to indicate direction of traffic, traffic signs/lights, and make note of how many lanes are in the roadway.

**Contact our
24/7 Claim
Service**

AB, BC, MB, SK	1-800-661-1577
ON	1-800-387-0462
QC	1-800-463-2813
NS, NB, PE, NL	1-800-561-7222
FROM THE USA	1-800-387-0462

4 Collision report

Accident Details

Date of Accident: _____ Time: _____

Location: _____

Weather: _____

Road Conditions: _____

Traffic Conditions: (circle one) Heavy Medium Light

Speed Limit: _____ Number of Cars Involved: _____

Additional Notes: _____

Details (Your Car)

Record details about your vehicle at the time of the accident.

Driver's Name: _____

Number of Persons in Car: _____

Damage to Vehicle: _____

Injuries: _____

Details (The Other Car)

Licence Plate: _____ Province: _____

Make/Model: _____ No. of Persons in Car: _____

Driver's Name: _____

Address: _____

Phone No.: _____

Insurance Company: _____

Policy Number: _____

Damage to Vehicle: _____

Injuries: _____

Witnesses

Please use reverse side of paper for any additional witnesses.

Name: _____

Address: _____

Phone No.: _____

Business No.: _____

Police Information

Police Officer's Name: _____

Phone No.: _____

Badge No.: _____ Division: _____

Collision Report No.: _____