

Accident Log

Important: Please review this information, complete Part 1 and store this pamphlet in the glove compartment of your vehicle.

Part 1

In Case of an Accident

Do not accept blame or admit fault. Fault will be determined by an investigation.

Part 2

Accident Details

Use this form to record information at the scene of an accident.

Persons Injured:

Name _____
Address _____
Telephone # _____
Name _____
Address _____
Telephone _____

Witnesses:

Name _____
Address _____
Telephone # _____
Name _____
Address _____
Telephone # _____

1. Call the police immediately.
2. If possible, take necessary steps to prevent further damage.
3. At the scene, obtain all pertinent information from the party(ies) and any witness(es) involved - use Part 2 to record this information.
4. Report the accident. For claim counselling, call your insurance company.

Refer to your pink liability card to complete the information below.

Owner's Name _____
Address _____

Vehicle Make, Model and Year _____

Licence Plate # _____
Insurance Co. _____
Policy # _____

Accident:

Date _____
Time _____ A.M. _____ P.M.
Location _____

Other Property Damage:

Owner's Name _____
Address _____

Insurance co. _____
Policy # _____
Telephone # _____
Vehicle Make, Model and Year _____

Licence Plate # _____
Driver's Name _____
Driver's Licence # _____
Address _____

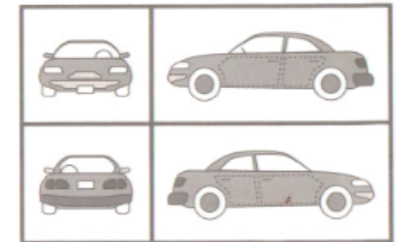
Telephone # _____

Police:

City _____ Report # _____
Officer's name _____
Badge _____
Detachment _____

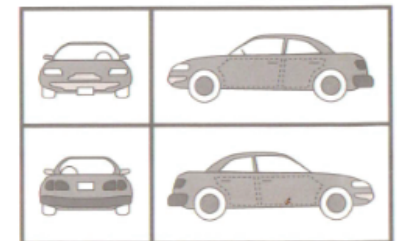
Damage To Your Vehicle

Circle the damaged areas of your vehicle.



Damage To Third Party's Vehicle

Circle the damaged areas of third party's vehicle.



DRIVING TEST

www.drivingtest.ca