

Witnesses

Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____

Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____

Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____

Additional Notes

Elmira 519•669•1611

Kitchener 519•893•7008

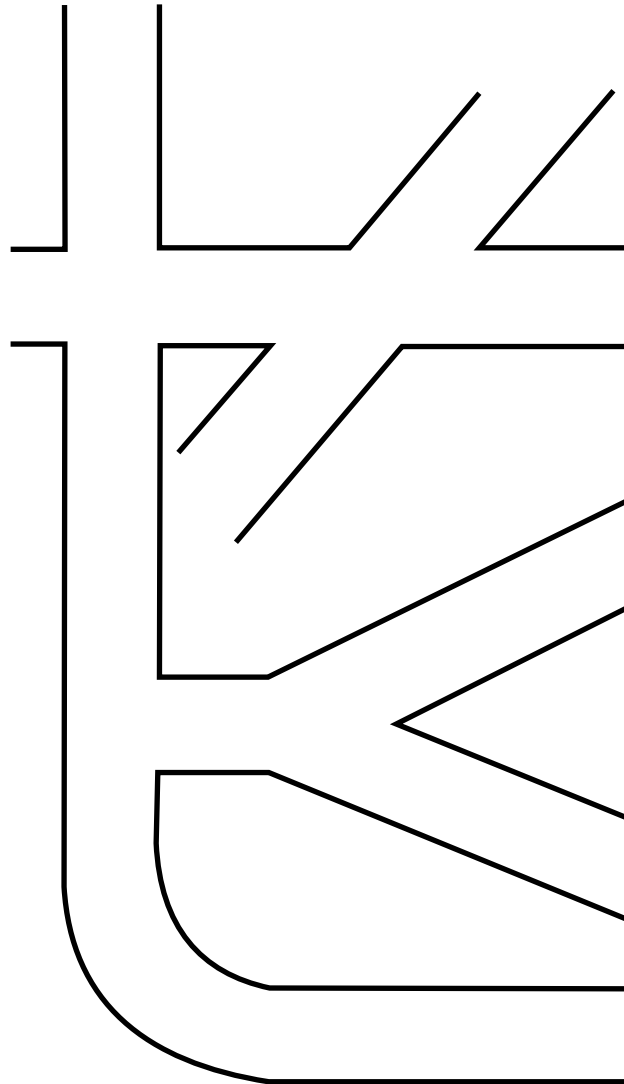
New Hamburg 519•662•1611

Tavistock 519•655•2377

Wellesley 519•656•2065

Diagram of Accident

Show names of streets and direction in which vehicles were going. Indicate N.S.E.W. Show position of vehicles.



What to do in Case of Accident

1. When conditions and/or regulations permit move on to shoulder or side of roadway to prevent further damage or hazards. Place warning signals promptly.
2. Ask someone to summon Police and Medical assistance if anyone is injured. Repeat after five minutes.
3. **DO NOT ADMIT LIABILITY.**
4. Keep calm. Be courteous. Don't argue. 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 of the accident.
7. Obtain the names and addresses of all persons injured regardless of how minor the injury. Try to learn where the injured are treated.
8. Do Not administer First Aid unless qualified to do so.
9. If an employee - report as soon as possible to your supervisor.
10. Before leaving the accident scene, check to see that you have all the facts.
11. Call your broker at Josslin Insurance Brokers Limited - 24 hours a day, 7 days a week.

TOLL FREE: 1•888•567•7546

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The Accident

Date: _____ Time: _____

Location:(City-Street-Hwy-Prov.)

Weather: _____

Condition of Roadway:

Is your vehicle drivable? Yes No

If "no", please provide address where it can be inspected:

Responding Police Service (OPP, Waterloo Region, Peel, etc.):

Police Officer-Badge#: _____

Name: _____

Report/Incident #: _____

Describe How the Accident Occurred

Driver's Name: _____

Unit #: _____

Other Party's Information

Other Party Vehicle Information

Owner's Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____

License Plate #: _____

Make: _____ Model: _____ Year: _____

Owner's Insurance Co. and Policy #:

Other Vehicle Driver Information

Driver's Licence #: _____

Is the Driver the same as the vehicle owner?

Yes No (If no, please complete the following information)

Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____

Describe Damage to Other Vehicle or Property

Persons Injured

In your Vehicle

Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____

Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____

Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____

In Other Party's Vehicle

Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____

Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____

Pedestrian

Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____

Name: _____

Phone #: _____

Address: _____

City: _____ Prov.: _____