|  |  |  |  |
| --- | --- | --- | --- |
| Date |       | Time |       |
| Area |       | Field |       |
| Location | *(LSD, Street, Highway, City, Province etc.)*     Private Road (e.g. logging road) [ ]  Yes [ ]  No  |
| Drivers Name |       | Passengers [ ]  No:[ ]  Yes If yes, how many passengers:      |
| License Plate |       | Vehicle Description: |       |
| What purpose was vehicle being used at time of accident? |       |
| Driver Authorized?[ ]  Yes [ ]  No | Drivers License #:      | Posted Speed Limit:      km | Speed Before Incident:      km |
| Other Drivers Name |       | Drivers License # |       |
| Other Drivers Address & Phone Number |       |
| Other Vehicle Owners Name |       | Insurance Company and Policy# |       |
| Owners Address |       |
| Other Vehicle Description |       | License Plate # |       |
| Description & Location of Damage to Other Vehicle |       |
| Witnesses Name(s), Address(es) and Phone Number(s) & In Which Car |
|       |       |       | [ ]  Your car[ ]  Other car[ ]  Other |
|       |       |       | [ ]  Your car[ ]  Other car[ ]  Other |
| RCMP Collision Report Completed? [ ]  Yes [ ]  No By:      Did police make a report? Charges Laid? [ ]  No [ ]  Yes - If yes, against whom:       |
| **Road Data**  |
| **Location of Accident** | **Road Effects** | **Traffic Controls** |
| [ ]  Intersection | [ ]  Wellsite | [ ]  Under Repair | [ ]  Obstruction | [ ]  Stop Sign |
| [ ]  Curve | [ ]  Access Rd | [ ]  Defective Shoulders | [ ]  Other | [ ]  Stop Light |
| [ ]  Straightaway[ ]  Bridge | [ ]  Public Rd | [ ]  Holes, Ruts, Bumps |       | [ ]  Officer/Flagman |
| **Condition** | **Surface** | **Grade** | **Weather** | **Light** |
| [ ]  Dry | [ ]  Dry | [ ]  Uphill | [ ]  Clear | [ ]  Daylight |
| [ ]  Wet | [ ]  Gravel | [ ]  Downhill | [ ]  Cloudy | [ ]  Dusk |
| [ ]  Mud | [ ]  Packed | [ ]  Level | [ ]  Fog | [ ]  Dawn |
| [ ]  Snow | [ ]  Loose |  | [ ]  Rain | [ ]  Streetlights |
| [ ]  Ice | [ ]  Pavement |  | [ ]  Snow | [ ]  Dark |

|  |
| --- |
| **Describe what happened and give exact location of accident.** |
|       |
| **Sketch what happened.** *(Include: north, highways/roads, path before accident, collision point etc.)* | http://t1.gstatic.com/images?q=tbn:ANd9GcSOtKzwxqSAwWoFeuD_wDHzt2ng_3DbqBIq8On1jAVbm16SCc5YUg**Indicate Damage on Vehicle** *(Mark with X)* |
| Vehicle Repairs: $       | Estimated By:       |
| Other Vehicle/Property Repairs: $        | Estimated By:       |
| **Cause of Accident** *(Please mark with an X those that apply)* |
| [ ]  Roadway |  | [ ]  Other *(specify)*:  |
| [ ]  Mechanical |  |       |
| [ ]  Environmental |  |  |
| [ ]  Driver/distraction |  |  |
|  |  | Is a WCB Automobile Accident Report form required and attached?[ ]  Yes [ ]  NoIs an RCMP collision report required and attached?[ ]  Yes [ ]  No |
| **Driver:** | **Date:**  |
|  |  |
| **Supervisor:**  | **Date:** |

Original – Fax/submit to supervisor within 24 hours.