

# Auto Collision Reporting Kit

Vertis knows that when a collision happens it can be an extremely confusing time. These few pages outline the details that you should gather at the collision scene, and instructions to help you complete your report quickly and correctly.



## What To Do If A Collision Occurs:

- ✓ If conditions / regulations permit, move to the shoulder side of the road to prevent further damage or hazards. Turn on the four-way flashers.
- ✓ Call the Police and inform them of the collision.
- ✓ Keep calm. Be courteous. Don't argue.
- ✓ Make no statement about the collision except to a Police Officer. Get the Officer's name and badge number. Make no settlement.
- ✓ *Complete this report on the scene. Fill in all information.*
- ✓ Obtain the names and addresses of witnesses and of all persons injured, regardless of how minor the injury.
- ✓ Before leaving the collision scene, ensure that you have all the facts.

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## Important Contact Numbers

Claims department telephone: ( \_\_\_\_ ) \_\_\_\_\_  
Police telephone: ( \_\_\_\_ ) \_\_\_\_\_

## Your Information

Driver's license #: \_\_\_\_\_  
Vehicle year, make, model: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
Insurance co.: \_\_\_\_\_  
Policy #: \_\_\_\_\_

# Essential Information

## Involved Driver #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Home ( \_\_\_\_\_ ) \_\_\_\_\_  
Other ( \_\_\_\_\_ ) \_\_\_\_\_

Driver's license #: \_\_\_\_\_

### Vehicle Information

Vehicle year, make, model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Licence plate: \_\_\_\_\_ Province registered: \_\_\_\_\_

Insurance co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Home ( \_\_\_\_\_ ) \_\_\_\_\_  
Other ( \_\_\_\_\_ ) \_\_\_\_\_

## Involved Driver #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Home ( \_\_\_\_\_ ) \_\_\_\_\_  
Other ( \_\_\_\_\_ ) \_\_\_\_\_

Driver's license #: \_\_\_\_\_

### Vehicle Information

Vehicle year, make, model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Licence plate: \_\_\_\_\_ Province registered: \_\_\_\_\_

Insurance co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Home ( \_\_\_\_\_ ) \_\_\_\_\_  
Other ( \_\_\_\_\_ ) \_\_\_\_\_

# Essential Information

## Witness #1 Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

## Witness #1 Statement

Where were you when the collision occurred? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you witness the collision?  YES  NO

Were you a passenger involved in the collision?  YES  NO

Were you a pedestrian involved in the collision?  YES  NO

Were you a bystander observing the collision?  YES  NO

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Witness #2 Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

## Witness #2 Statement

Where were you when the collision occurred? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you witness the collision?  YES  NO

Were you a passenger involved in the collision?  YES  NO

Were you a pedestrian involved in the collision?  YES  NO

Were you a bystander observing the collision?  YES  NO

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Collision Specifics

## Collision Details

Collision date and time: \_\_\_\_\_

Collision location: \_\_\_\_\_

Vehicle speed at time of collision: \_\_\_\_\_

Describe any vehicle damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Collision Situation

### Road/Weather Conditions

Wet     Snowy     Dry     Muddy     Icy

Rain     Other: \_\_\_\_\_

### Traffic Controls Present

Four-way stop     Four-way traffic lights

Stop signs north/south sides     Stop signs east/west sides

Traffic lights north/south sides     Traffic lights east/west sides

Yield sign     No traffic controls

Other: \_\_\_\_\_

Other details: \_\_\_\_\_

Sketch the collision scene below. Indicate streets, signs and intersections and illustrate vehicle positions at time of collision.

## Collision Diagram

### Specify The Following:

Your Vehicle → A

Other Vehicles → 1    → 2



