

# Auto Accident Reporting Kit

The McLennan Group Insurance Inc. knows that when an accident happens, it can be a confusing time. These pages outline the details you should gather at the scene, and contain instructions that will assist you in completing your report quickly and correctly.

*Because your protection is our priority.*



## What To Do If An Accident Occurs:

- ✔ If conditions and/or regulations permit, move to the shoulder side of the road to prevent further damage or hazards. Turn on the four-way flashers.
- ✔ Call Police and inform them of the accident.
- ✔ 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.
- ✔ **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 accident scene, check to see that you have all the facts.



## Ⓣ 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: \_\_\_\_\_

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

Other ( \_\_\_\_\_ ) \_\_\_\_\_

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

## Ⓣ 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: \_\_\_\_\_

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

Other ( \_\_\_\_\_ ) \_\_\_\_\_

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

# Essential Information

## Witness #1 Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

## Witness #1 Statement

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

Did you witness the accident?  YES  NO  
Were you a passenger involved in the accident?  YES  NO  
Were you a pedestrian involved in the accident?  YES  NO  
Were you a bystander observing the accident?  YES  NO

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

## Witness #2 Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

## Witness #2 Statement

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

Did you witness the accident?  YES  NO  
Were you a passenger involved in the accident?  YES  NO  
Were you a pedestrian involved in the accident?  YES  NO  
Were you a bystander observing the accident?  YES  NO

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

# Accident Specifics

## ⬇ Accident Details

Accident date and time: \_\_\_\_\_

Accident location: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ⬇ Accident 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: \_\_\_\_\_

In the area below, sketch the accident scene. Indicate the streets, intersections, signs and illustrate vehicle positions at time of collision.

## ⬇ Accident Diagram

### Specify The Following:

Your Vehicle    A →

Other Vehicles    1 →    2 →



