echelon Insurance

RiskIntel™

Automobile Accident Report

It is critical that incidents involving occupants, pedestrians, and other motorists be documented in an Automobile Accident Report. Doing so allows your business to investigate the cause of the incident, help identify the parties involved in the incident, and take corrective action to prevent such an incident from reoccurring. Notify your insurer of a possible claim and ensure you report the name and position of the person to whom you reported the claim. In the event of an injury to another party, alcohol and drug testing should be completed immediately.

This report form, hours of service, dash cam video, and photos taken of the incident should be retained on file to assist in defence against potential claims. A hard copy of the completed accident report form should be organized and kept on file. Where possible, an accident report form should also be stored in an electronic database that is backed up at regular intervals. Completing this report cannot in any way be construed as an admission of liability.

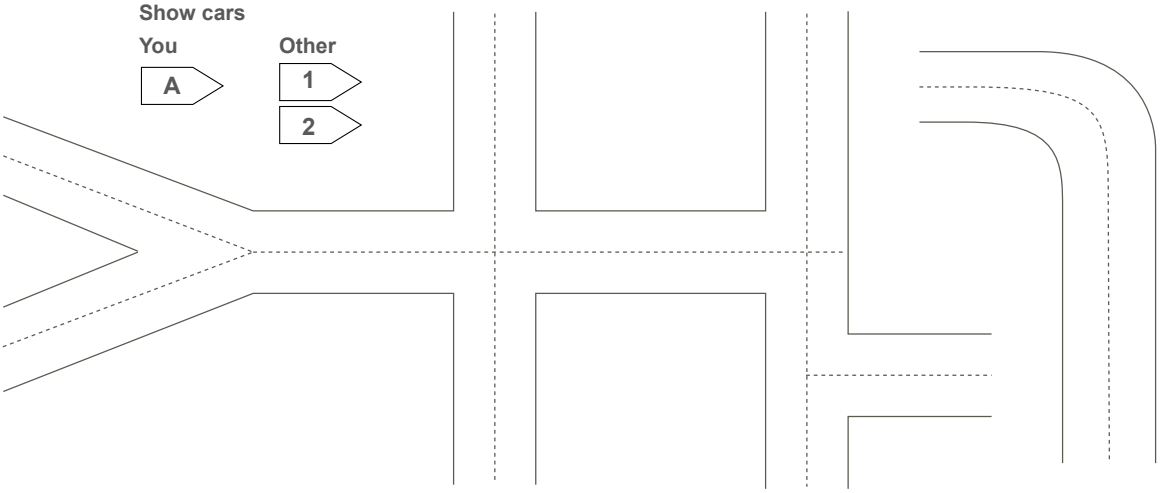
Administrative Details							
Business name							
Name of Driver							
Date of report							
Street address		City		Province		Postal code	
Report completed by				Title			
Email address				Phone number			

Key insurance personnel to contact in the event of an accident			
Name		Title (i.e. safety officer)	
Insurance Company		Phone number	

Incident Information							
Please note, this report captures information on up to two involved vehicles. Please ensure driver, vehicle, and insurance information is recorded for all additional involved vehicles and attached to this document.							
Date of incident		Time of incident		Hours of service		No. vehicles involved	
Location							
Province/State		Road/Street/ Highway		Closest cross street/ Mileage marker			
Property damage (other than to vehicles)	☐ Yes ☐ No	Injured (even minor)	☐ Yes ☐ No	Number of Inured Parties		Ambulance attended	☐ Yes ☐ No
Incident description							

Incident Sketch

Please illustrate details of the incident to support existing dashcam footage and photos taken on your camera or cellphone.
If any street is more than two-lane or is one way only, please indicate.



Please include:

- Position of vehicle at time of collision
- Road sign(s)
- Intersection(s)
- Entrance(s) and/or exit(s)
- Curve(s)
- Uphill / Downhill
- Number of vehicles
- Label each street
- Indicate directions

Witness one information (if applicable)	
Name	
Address	
Phone number	
Is witness a passenger of vehicle one or two? ☐ Yes ☐ No	
Additional details	

Witness two information (if applicable)	
Name	
Address	
Phone number	
Is witness a passenger of vehicle one or two? ☐ Yes ☐ No	
Additional details	

Circumstances

Weather conditions		Road Conditions	
Visibility		Lighting	

Additional details (i.e., speed, direction, other's speed, other's direction)

Injuries (if applicable)

Position in the vehicle ☐☐ ☐☐☐	Care received	☐ Yes	☐ No
	Departure ambulance	☐ Yes	☐ No

Type of injury (i.e., bleeding, unconscious, broken members)

Vehicle One (your vehicle)			
Driver's License No.			
Effective date		Expiry date	
First name			
Last name			
Street address			
City		Postal code	
Country		Province	
Home phone		Work phone	
Email address			

Vehicle registration					
Registered owner					
Address			Postal code		
City		Province		Country	
Vehicle make		Year		Model	
VIN No. (17 Digits)		Is your vehicle IRP plated?		☐ Yes	☐ No
License plate No.		License plate province			
To be completed by Insurance Broker/Agent:					
Vehicle rate class					

Trailer one			
Address			
City			
Postal code			
Country		Province	
Vehicle make		Year	
Serial number			
License plate			
Refrigerated trailer	☐ Yes	☐ No	

Trailer two			
Address			
City			
Postal code			
Country		Province	
Vehicle make		Year	
Serial number			
License plate			
Refrigerated trailer	☐ Yes	☐ No	

Insurance certificat					
Insurer		Insurance Company			
Policy number		Effective date		Expiry date	
Name of Insured					
Address			Postal code		
City		Province		Country	
Home phone		Work phone			
Agent/Broker		Phone			

Vehicle Two (other involved vehicle)			
Driver's License No.			
Effective date		Expiry date	
First name			
Last name			
Street address			
City		Postal code	
Country		Province	
Home phone		Work phone	
Email address			

Vehicle registration					
Registered owner					
Address			Postal code		
City		Province		Country	
Vehicle make		Year		Model	
VIN No. (17 Digits)					
License plate No.		License plate province			
To be completed by Insurance Broker/Agent:					
Vehicle rate class					

Trailer one			
Address			
City			
Postal code			
Country		Province	
Vehicle make		Year	
Serial number			
License plate			
Refrigerated trailer		☐ Yes	☐ No

Trailer two			
Address			
City			
Postal code			
Country		Province	
Vehicle make		Year	
Serial number			
License plate			
Refrigerated trailer		☐ Yes	☐ No

Insurance certificat					
Insurer		Insurance Company			
Policy number		Effective date		Expiry date	
Name of Insured					
Address			Postal code		
City		Province		Country	
Home phone		Work phone			
Agent/Broker		Phone			

Description of damages to Vehicle One or comments:	
	Show initial point of impact with an arrow.
	Motorcycle 
	Automobile 
	Tractor-trailer 
	Truck or other 

Description of damages to Vehicle Two or comments:	
	Show initial point of impact with an arrow.
	Motorcycle 
	Automobile 
	Tractor-trailer 
	Truck or other 

Additional Information (if applicable)			
Police services			
Officer name		Badge number	
Report No.		Phone number	
Detachment			
Ticket received	☐ Yes	☐ No	
If yes, reason: (i.e., type of infraction)			

Towing			
Company name			
Address of towing destination		Phone number	
List of equipment		No. of employees	

Spill					
Tank level ☐ Empty ☐ Quarter ☐ Half ☐ Three quarter ☐ Full	Capacity			Measures taken	
	Environmental hazard	☐ Yes	☐ No	Description	

Cargo			
Perishable	☐ Yes ☐ No	Measures taken	
Environmental hazard	☐ Yes ☐ No	Description	
Class of hazardous	☐ Bulk ☐ Packaged	Trailer offloaded	☐ Yes ☐ No

Attachments				
☐ Bill of lading	☐ Invoices	☐ Log books	☐ Photos	☐ Dashcam video
☐ Other (Specify)				

Completed by

Print name _____ Date _____

Signature _____

Authorized by

Print name _____ Date _____

Signature _____

Reset Save

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