

# Auto Collision Reporting Kit

The McLennan Group Insurance Inc. knows that when a collision 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 A Collision 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 collision.
- ✓ Keep calm. Be courteous. Don't argue.
- ✓ Make no statement concerning the collision 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 collision 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 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: \_\_\_\_\_

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

## Collision Diagram

### Specify The Following:

Your Vehicle    A →    Other Vehicles    1 →    2 →



