ACCIDENT REPORT

Manitoba Public Insurance

1 Damage Report

Company Name: | Tractor #/Plate #: | Trailer #/Plate #:

Location: | Date: | Time:

2 Accident Particulars

Company Vehicle

Driver's Last Name: | First Name: | Location:

Drivers Licence Number: | Prov/St: | Driver Fatality?:

Driver Injury? | Tow Away? | To:

By: | Phone: | Citation Issued: ❑ Yes ❑ No | Cargo Damage: ❑ Yes ❑ No

Other Vehicle(s)

Last Name: | First Name: | Initial:

Street: | City: | Prov/St:

Driver Licence Number: | Prov/St:

Plate #: | Prov/St: | Owner:

Company Name: | Address: | Prov/St:

Ins. Co.: | Policy Number: | Towed: ❑ Yes ❑ No | Citation Issued: ❑ Yes ❑ No

Injured: | # Injured: | Fatality: | # Fatality:

3 Police

Name: | Badge Number: | Phone #: | Report #:

4 Witness #1

Last Name: | First Name: | Initial:

City: | Prov/St: | Day Phone: | Eve. Phone:

Witness #2

Last Name: | First Name: | Initial:

City: | Prov/St: | Day Phone: | Eve. Phone:

5 Accident Type

❑ Animal ❑ Backup ❑ Broadside ❑ Cutoff ❑ Fire ❑ Fixed Object ❑ Head On ❑ Hit and Run ❑ Lane Change ❑ Left Turn ❑ Overhead Bridge ❑ Parked ❑ Rear End ❑ Right Turn ❑ Rollover ❑ Run off Road ❑ Sideswipe

6 Conditions

Road Safety
- ❑ Dry
- ❑ Wet
- ❑ Icy
- ❑ _____ *(specify other)*

Road Defects
- ❑ Defective Shoulders
- ❑ Holes, Bumps
- ❑ Loose material on surface
- ❑ _____ *(specify other)*

Traffic Control
- ❑ Stop Sign
- ❑ Traffic Lights
- ❑ Light Railway Crossing
- ❑ No Traffic Control
- ❑ _____ *(specify other)*

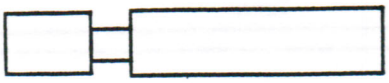
Light
- ❑ Daylight
- ❑ Dusk
- ❑ Dawn
- ❑ Dark
- ❑ _____ *(specify other)*

Weather
- ❑ Clear
- ❑ Raining
- ❑ Cloudy
- ❑ _____ *(specify other)*

Use Camera Supplied

Describe Vehicle Damage

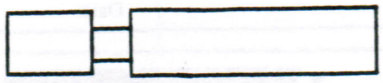
1 - Slight 2 - Moderate 3 - Extreme



YOUR VEHICLE

Damage Description:

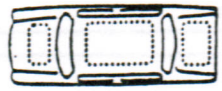
1 - Slight 2 - Moderate 3 - Extreme



SECOND VEHICLE - TRUCK

Damage Description:

1 - Slight 2 - Moderate 3 - Extreme



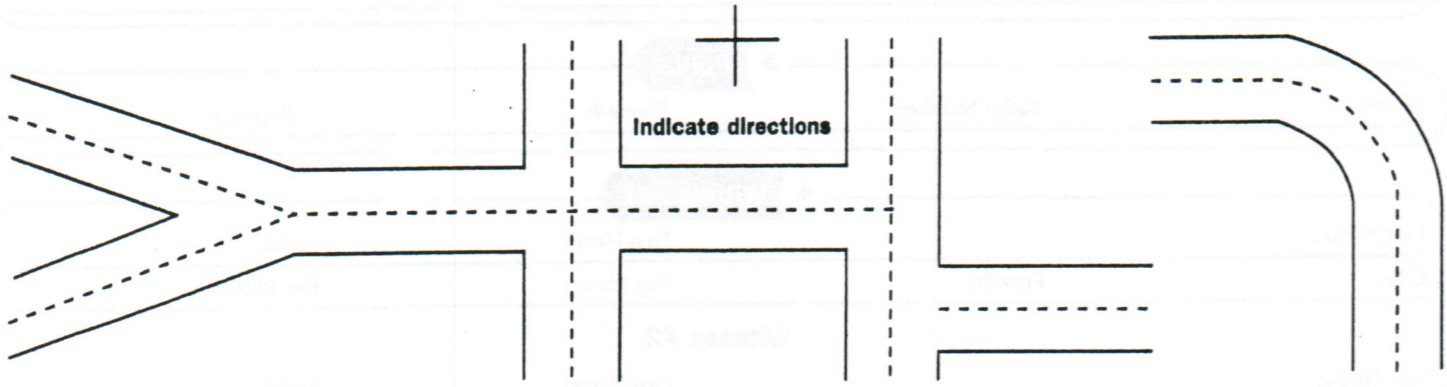
SECOND VEHICLE - AUTOMOBILE

Damage Description:

Diagram of Accident

1) Illustrate position of vehicles at time of collision. Show skid marks
2) If streets are one way - please indicate
3) Label streets/roads
4) Indicate traffic control devices (lights, signs, etc)

A Your Vehicle
1 Other Vehicle
2 Other Vehicle



Description of Accident

Date:

Signature: