



Forward to: \_\_\_\_\_

MOTOR VEHICLE COLLISION STATEMENT

Hanna Detachment

104 – 3rd Avenue West PO Box 1209, HANNA, AB T0J 1P0

Phone: (403) 854-3393

Fax: (403) 403-854-4857

KHannaEmailServices@rcmp-grc.gc.ca

RCMP FILE # \_\_\_\_\_ PAT Collision # \_\_\_\_\_ Damage sticker issued? Y N DS# \_\_\_\_\_

Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_ AM PM  
(YYYY/MM/DD) (TIME)

Date of Collision: \_\_\_\_\_ Time of Collision: \_\_\_\_\_ AM PM  
(YYYY/MM/DD) (TIME)

I give consent for the Royal Canadian Mounted Police to release a copy of this statement. This information may be made available to the persons subject of this investigation or their counsel/agent acting on their behalf in any civil, criminal or administrative proceedings.

Print Name Signature Date (YYYY/MM/DD)

A victim of an offence who has suffered a physical or emotional loss has the right to prepare a Victim Impact Statement. If a charge is laid and the accused found guilty, the Victim Impact Statement will be considered by the Judge at the time of sentencing. If you wish to provide a Victim Impact Statement you may contact Victim Services or, alternatively, we can have a member of Victim Services contact you.

Would you like Victim Services to contact you? Yes No

Were police called? Y / N Did police attend scene? Y / N

Is this a Hit and Run? Y / N Was your vehicle: Parked / In Motion

PLEASE ANSWER ALL QUESTIONS

DRIVER’S INFORMATION:

Full name: \_\_\_\_\_ Email: \_\_\_\_\_

Street / Mailing Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Driver License # and Province of Issue: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(YYYY/MM/DD)

PRIMARY EVENT:

Using the numbered descriptors below, choose the descriptor that depicts the primary event fo the collision

01 STRUCK OBJECT 	02 OFF ROAD LEFT 	03 RIGHT ANGLE 	04 PASSING LEFT TURN 	05 LEFT TURN ACROSS PATH 	06 SIDE SWIPE OPPOSITE DIR. 
08 REAR END 	09 OFF ROAD RIGHT 	10 HEAD ON 	11 PASSING RIGHT TURN 	12 SIDE SWIPE SAME DIR. 	13 BACKING 

Event Number: \_\_\_\_\_

If none of the above descriptors describe the collision (ex. Hit & Run) then please put in the #7 for other and explain below.

Explanation: \_\_\_\_\_

Were you wearing your seatbelt? Y / N Is your vehicle equipped with airbags? Y / N Did your airbag deploy? Y / N

Were you injured? Y / N Were you admitted into hospital? Y / N Were you treated but NOT admitted into hospital? Y / N

LOCATION OF COLLISION:

IN / NEAR \_\_\_\_\_ Direction of Travel: N / S / E / W  
(City/Town)

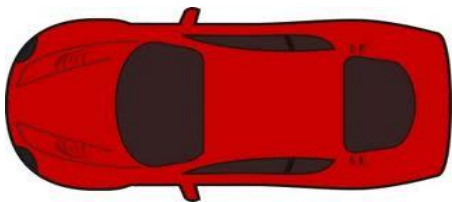
Travelling on/Parked at: \_\_\_\_\_ at \_\_\_\_\_  
(Ave/Street/Highway) (Ave/Street/Highway)

IF not AT intersection, \_\_\_\_\_ metres / kms N / S / E / W of \_\_\_\_\_  
(Ave/Street/Highway)

In a parking lot? Y / N At Railway Crossing? Y / N

YOUR VEHICLE INFORMATION:

CIRCLE INITIAL POINT OF IMPACT TO YOUR VEHICLE:



Were you travelling at an unsafe speed for the zone/conditions? Y / N

Did you consume any alcohol/drugs 24 hours prior to collision? Y / N  
If yes, when? \_\_\_\_\_

Were you distracted? Y / N If yes, how? \_\_\_\_\_

Estimated Damage Amount: \$ \_\_\_\_\_ Repairable? Y / N Passenger car / SUV / Pickup / Other

(YEAR)

(MAKE)

(MODEL)

(COLOUR)

(SERIAL NUMBER/VIN)

(LICENSE PLATE NUMBER & PROVINCE OF ISSUE)

Are you the registered owner of above vehicle? Y / N (If not, complete below)

Name of Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

ROAD CONDITIONS: (Please circle all that apply)

ROAD ALIGNMENT (A):

Level

Grade

Hillcrest Sag (bottom of hill)

ROAD ALIGNMENT (B):

Straight

Curve

ROAD CLASS:

Undivided One-Way

Undivided Two-Way

Divided With Barrier

Divided No Barrier

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

WEATHER:

Clear

Raining

Hail/Sleet

Snow

Fog/Smog/Smoke/Dust

High Wind

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

ROAD CONDITION:

Dry

Wet

Slush/Snow/Ice

Loose Surface Material

Muddy

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

LIGHT CONDITIONS:

Daylight

Sunglare

Darkness

ARTIFICIAL LIGHTS (i.e. Street Lights): Y / N

TRAFFIC CONTROL DEVICE:

None

Traffic signal/Lights

Stop sign

Yield sign

Merge Sign

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

FUNCTIONING: Y / N

CONTRIBUTING ROAD CONDITION:

No Unusual Condition

Construction

Hole/Ruts/Bumps

Slippery When Wet

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

INSURANCE INFORMATION (MANDATORY):

Insurance Company & Brokerage Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
(YYYY/MM/DD)

VEHICLE PASSENGER INFORMATION: N/A

Name	Address	D.O.B (YYYY/MM/DD)	Gender	Seatbelt	Child seat/ booster	Injury	Sat where? (see diagram)			
			M / F	Y / N	Y / N	Y / N		3	6	9
			M / F	Y / N	Y / N	Y / N		2	5	8
			M / F	Y / N	Y / N	Y / N		Driver	4	7
			M / F	Y / N	Y / N	Y / N				
			M / F	Y / N	Y / N	Y / N				

**OTHER VEHICLE INVOLVED WAS:**

Passenger car / SUV / Pickup / Other

(YEAR)	(MAKE)	(MODEL)	(COLOUR)
(SERIAL NUMBER/VIN)		(LICENSE PLATE NUMBER & PROVINCE OF ISSUE)	

**OTHER VEHICLE INSURANCE INFORMATION:**

Insurance Company &amp; Brokerage Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
(YYYY/MM/DD)

**OTHER VEHICLE(S) INVOLVED INFORMATION (if applicable):**

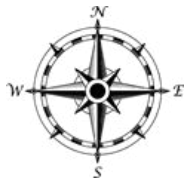
(LICENSE PLATE #)	(DRIVER'S NAME)	(CONTACT INFORMATION i.e. Phone Number)
(LICENSE PLATE #)	(DRIVER'S NAME)	(CONTACT INFORMATION i.e. Phone Number)

**(MANDATORY)**

In your own words, please briefly describe how this collision occurred (date, time, location) and your action taken afterwards:  
**[ie. On (date) at (time) I was travelling (direction) on (location) when...]**

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Draw a basic diagram of the **collision scene** and put an "X" on the vehicle(s) **point of impact**



Driver Signature	Date (YYYY/MM/DD)	Witness/Interviewing RCMP Member Signature	Date (YYYY/MM/DD)
------------------	-------------------	--	-------------------

ECollision Slip Provided: \_\_\_\_\_ (Member/PSE Initial)