



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

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 for 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)

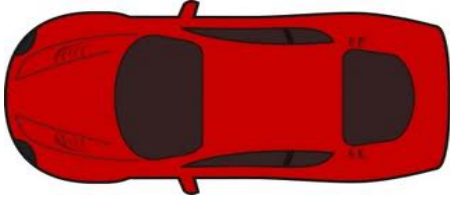
Travelling on/Parked at: _____ at _____
(Ave/Street/Highway) (Ave/Street/Highway)

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 Sun glare 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 | | | | |
| | | | 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

