

Forward to: _____



MOTOR VEHICLE COLLISION STATEMENT

Hanna Detachment

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

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

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

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 _____ (City/Town) Direction of Travel: N / S / E / W

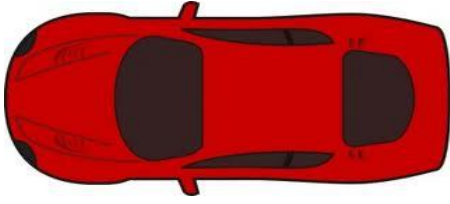
Travelling on/Parked at: _____ at _____ (Ave/Street/Highway)

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

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

OTHER VEHICLE INSURANCE INFORMATION:

Insurance Company & Brokerage Name: _____

Policy #: _____

Expiry Date: _____
(YYYY/MM/DD)

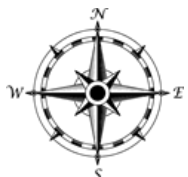
OTHER VEHICLE(S) INVOLVED INFORMATION (if applicable):

_____ (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...]

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)
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ECollision Slip Provided: _____ (Member/PSE Initial)