



MOTOR VEHICLE COLLISION STATEMENT

BROOKS RCMP

Police File #: _____

Investigator : _____

This is the Statement of:

Full Name: _____ Date of Birth: _____
(YYYY-MM-DD)

Gender: _____ Address: _____

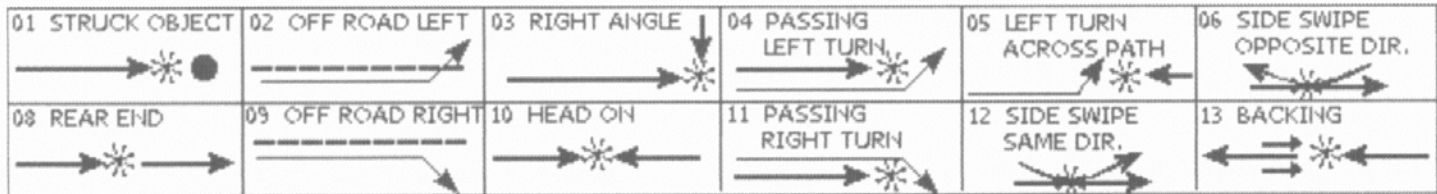
Telephone:(home): _____ (work) _____ (cell) _____

Date of Collision: ____/____/____ - ____ (day of week) **Time:** _____
YYYY MM DD

Date Statement Written: ____/____/____ - ____ (day of week) **Time:** _____
YYYY MM DD

Severity of Collision (SELECT ONLY ONE): <input type="radio"/> Fatality <input type="radio"/> Injury <input type="radio"/> Property Damage	PRIMARY EVENT	Scene Visited by RCMP?: <input type="radio"/> YES <input type="radio"/> NO Was this a Hit and Run?: <input type="radio"/> YES <input type="radio"/> NO Was any Wildlife involved?: <input type="radio"/> YES <input type="radio"/> NO
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PLEASE CIRCLE THE PRIMARY EVENT BELOW (Select only one):



Collision Location (SELECT ONE): In **OR** Near Town/City of: _____

On: _____ At Intersection with: _____
Street/Avenue/Highway Street/Avenue/Highway

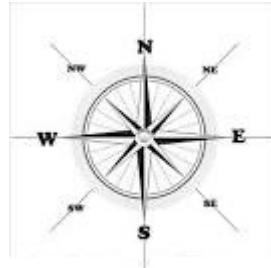
If Not at Intersection: _____ Meters Kilometers

<input type="radio"/> North	<input type="radio"/> South	<input type="radio"/> East	<input type="radio"/> West
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 Of _____
How Many Street/Avenue/Highway or Town/City

Collision Happened in Parking Lot: <input type="radio"/> YES (Proceed to diagram) <input type="radio"/> NO (Proceed to "Road Alignment")	
Road Alignment	A) Level Grade (hill) Hill Crest Sag Unknown
(Circle one in each)	B) Straight Curve Unknown
	C) Undivided 1-way Undivided 2-way Divided with barrier Divided with no barrier

Draw a diagram of the collision. (Include details such as traffic signs, direction of travel, lanes, street names)
 Your direction of travel immediately before the collision (**circle**): **North South East or West**



Details of collision. **It is unlawful to make a false statement.**

In your own words describe how the collision occurred and what action you took before and after the collision. If this was a hit and run, describe the vehicle or driver.

Multiple horizontal lines for text entry.

Signature of driver / registered owner

Environmental Condition (Select only one): Clear Raining Hail/Sleet Snow Fog/Smog/Smoke/Dust High Wind Other/Specify _____

Surface condition (Select only one): Dry Wet Snow/Slush/Ice Muddy Loose Surface Mat. Other/Specify _____

Your Vehicle Information: Registered Owner's Name: _____ Driver's Name: _____ Driver's License #: _____ Registered Owner's Address: _____ Registered Owner's Telephone: _____ Home Phone _____ Cell Phone _____ Vehicle Details: Year _____ Make/Model _____ License Plate _____ Color _____ Vehicle Identification Number: _____ Insurance Company: _____ Broker _____ Agency _____ Policy Number: _____ Expiration Date: _____ YYYYY / MM / DD Estimated Damage: _____ Damage Sticker # _____ Vehicle Appears Repairable: YES NO Damage Sticker Issued: YES NO

My Position in Vehicle: Driver - Seating Position #1 **OR** Passenger (Indicate seating position#) _____
(Seating chart on next page)

Safety equipment used: None Lap Belt Only Lap/Shoulder Belt Airbag not Deployed
(Select One) Airbag Only Helmet Lap/Shoulder Belt Airbag Deployed
 Other (specify): _____

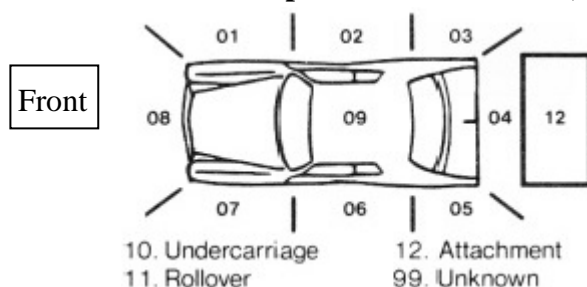
Are you injured? Yes No **What are your injuries?** _____

Were you treated for this injury? Yes No **Were you admitted to hospital?** Yes No

Were you driving distracted? Not distracted Using hand held cellphone/device Writing/Reading/Grooming
 Using hands-free cellphone/device Other: _____

Direction of Travel: North South East West

Point of Impact YOUR Vehicle (circle on diagram)



Light Condition: Daylight Sun glare Darkness

Artificial Light (street lamps): Yes No

Traffic Control Devices: Stop Sign Yield Sign Traffic Lights None Other: _____

Traffic Control Condition: Functioning Not Functioning Obscured Missing Other: _____

Contributing Road Condition: None Construction Hole/Ruts/Bumps Slippery When Wet
 Oily Pvm. Soft/Sharp Shoulder

Vehicle condition: No Apparent Defect Defective Brakes Tires Failed Lighting Failed Load Shifted
 Other: _____

Load Details:
(Circle One in Each)

Loaded	Unloaded	Not applicable
Load Not Spilled	Load Spilled	Not applicable

Trailer/Attachments (if applicable):

Recreation Utility Farm Equipment Towed motor vehicle
 Single* Double* Triple*

* If single/double/triple, please indicate: Van/box body High boy Car/Log/Livestock carrier
 Dump Low boy Tanker Other: _____

Lane of Travel (if more than one lane): _____ **Signal Devices used in vehicle:** _____
(Inside, outside, middle) (brake, signal, etc.)

Estimated speed of your vehicle: _____ **Estimated speed of other vehicle:** _____

Direction of travel of other vehicle: _____ **Signal Devices used in other vehicle:** _____

