



# Motor Vehicle Collision Statement

Brooks RCMP Detachment  
310 4th Street West, Brooks, AB T1R 0Z7  
Phone: 403-794-4400 | Fax: 403-362-4383  
KBrooks@rcmp-grc.gc.ca

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Operator License No: \_\_\_\_\_ Province Issued: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date/Time of the Collision: \_\_\_\_\_ at \_\_\_\_\_ am/pm

Location of the Collision: \_\_\_\_\_ Direction of Travel: \_\_\_\_\_

Do you have any injuries?  Yes  No Details: \_\_\_\_\_

Do you consent to having a victim service worker contact you?  Yes  No

## YOUR VEHICLE INFORMATION

License Plate: \_\_\_\_\_ Province Plate was Issued: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Colour: \_\_\_\_\_

Estimated Damage: \$ \_\_\_\_\_ Repairable:  Yes  No Speed prior to the Collision: \_\_\_\_\_ km/h

Are you the Registered Owner of the above vehicle?  Yes  No (If not complete below)

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

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

Insurance Company: \_\_\_\_\_ Broker: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Are pictures available:  Yes  No

Was your vehicle parked:  Yes  No

Were you wearing your seatbelt:  Yes  No

Style of seatbelt:  Lap Only  Lap/Shoulder

Did the airbag deploy:  Yes  No

Did a Police Officer attend the scene:  Yes  No

Natural Lighting:  Dawn  Daylight  Dusk  Dark Artificial Lighting:  Yes  No

Weather Condition:  Clear  Raining  Snowing  Foggy | Other: \_\_\_\_\_

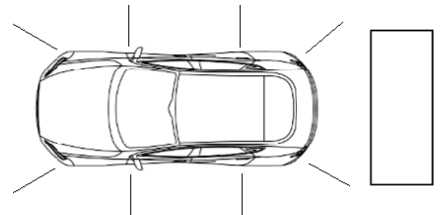
Road Condition:  Dry  Wet  Snow  Slush/Ice | Other: \_\_\_\_\_

Traffic Control Device:  None  Stop Sign  Yield Sign  Traffic Lights | Other: \_\_\_\_\_

Road Alignment: 1.  Level  Grade (up/down hill)  Hillcrest (top of hill)  Sag (bottom of hill)

2.  Straight  Curve  Unknown


## POINT OF IMPACT TO YOUR VEHICLE



## PASSENGERS

How many passengers were involved in the collision? \_\_\_\_\_

**Use the diagram below to indicate where your passengers were seated**

	First & Last Name	Address   Phone	Date of Birth	Gender M   F	Seatbelt Y   N	Injuries Y   N
	2.					
3.						
4.						
5.						
6.						
7.						
8.						

