

# POLICE REPORT

Officer Name \_\_\_\_\_ Badge No. \_\_\_\_\_

Force/Division \_\_\_\_\_

Summons Issued \_\_\_\_\_

## DESCRIPTION OF ACCIDENT

Date of Accident (dd/mm/yyyy) \_\_\_\_\_ Time of Accident \_\_\_\_\_

Location (Street, City, Province/State) \_\_\_\_\_

Estimated Speed of Vehicles

Vehicle	Speed (km/h)
Your Vehicle (A)	
Other Vehicle (1)	
Other Vehicle (2)	

Description of Accident (see reverse):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person Receiving Violation: \_\_\_\_\_

Describe Weather Conditions (eg. raining, icy, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

# YOUR VEHICLE

York University \_\_\_\_\_ RSA – CAP043240962  
Named Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_

Driver Name \_\_\_\_\_

Driver Address \_\_\_\_\_

Driver Telephone No. \_\_\_\_\_

Describe Nature and Extent of Damage:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Use of Vehicle: \_\_\_\_\_

## WITNESSES

Witness 1 Name \_\_\_\_\_ Witness 1 Phone No. \_\_\_\_\_

Witness 1 Address \_\_\_\_\_

Witness 2 Name \_\_\_\_\_ Witness 2 Phone No. \_\_\_\_\_

Witness 2 Address \_\_\_\_\_

# OTHER VEHICLE

Vehicle Year \_\_\_\_\_ Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_

License Plate No. \_\_\_\_\_

Driver Name \_\_\_\_\_

Driver License No. \_\_\_\_\_

Driver Address \_\_\_\_\_

Driver Phone No. \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone No. \_\_\_\_\_

Describe Nature and Extent of Damage:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of Passengers: \_\_\_\_\_

# INJURED PERSONS

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Driver  Passenger in your car

Pedestrian  Passenger in other car

Position in Car \_\_\_\_\_ Nature of Injury \_\_\_\_\_

Ambulance Called?  Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Driver  Passenger in your car

Pedestrian  Passenger in other car

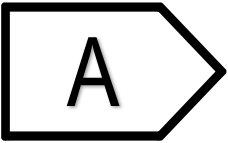
Position in Car \_\_\_\_\_ Nature of Injury \_\_\_\_\_

Ambulance Called?  Yes  No

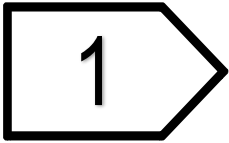
**DIAGRAM**

Use this diagram to show names of highways and direction of vehicles involved in accident.  
Designate your vehicle and all other vehicles involved.

**Vehicle Description**



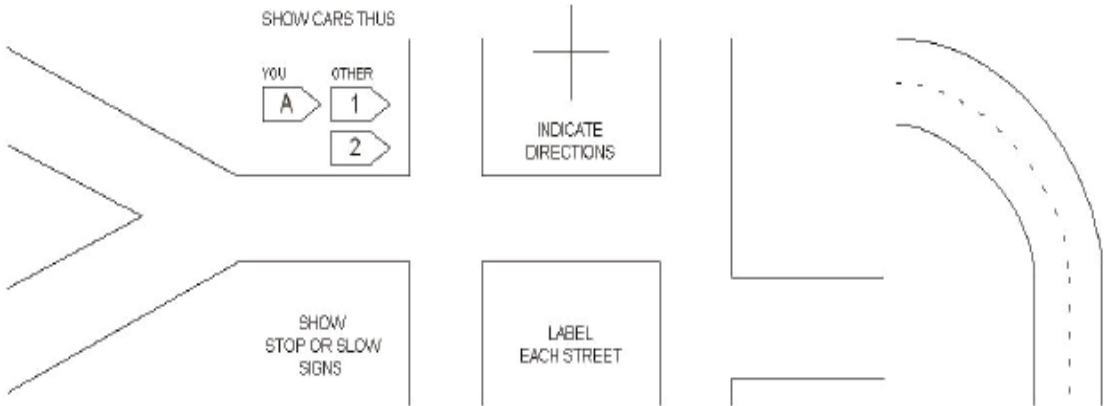
Your Vehicle



Other Vehicle (1)



Other Vehicle (2)




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**AUTOMOBILE  
ACCIDENT REPORTING  
GUIDE**



**IMPORTANT INFORMATION:**

When to complete this report:

1. Any time a vehicle owned or leased by York is involved in an accident
2. Any time an employee, who at the time of accident, is acting on behalf of York

Please send this report to:  
**Risk Management Services**  
Email: [riskmgmt@yorku.ca](mailto:riskmgmt@yorku.ca)

4700 Keele Street  
Toronto ON, M3J 1P3  
Fax: 416-736-5815



**BE PREPARED**

Please take a moment to read through this Automobile Accident Reporting Guide and familiarize yourself with the steps to consider at the scene of an accident.

**IN THE EVENT OF AN ACCIDENT**

1. **STOP**  
Turn off ignition.
2. **PROTECT**  
Guard the scene from further damage. Warn other drivers if necessary.
3. **ASSIST**  
Do not allow the injured to be moved unless absolutely necessary. For serious injuries call 911, otherwise call your local police for instructions.
4. **OBTAIN**  
Gather all information necessary to complete this Automobile Accident Reporting Guide.
5. **CALL**  
Report the accident to the appropriate party (your manager & Risk Management Services, Finance Department) as soon as possible after the accident.
6. **REMEMBER**  
Do not accept responsibility, admit liability, or agree to pay any other party's damages.