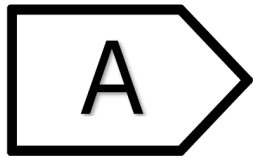


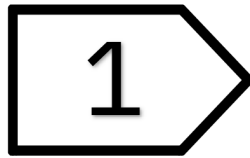
# DIAGRAM

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



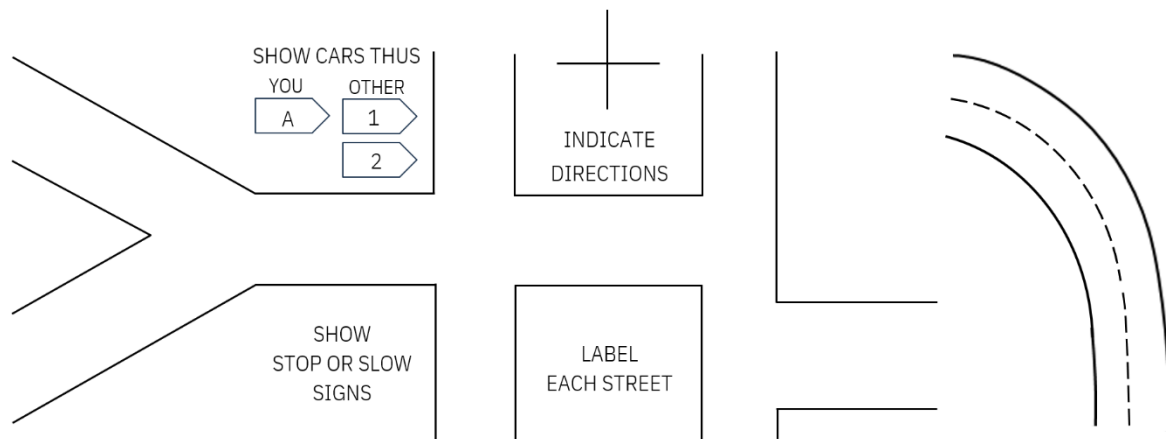
Your Vehicle



Other Vehicle (1)



Other Vehicle (2)




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## IMPORTANT INFORMATION:

### When to Complete:

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

### Collision Reporting:

Please report any accident that causes injury, causes combined damage of \$2000, or damages private, municipal, or highway property to police.

**Please send completed report, along with photos and/or a police report to:**

**Risk Management Services**  
 Email: [riskmgmt@yorku.ca](mailto:riskmgmt@yorku.ca)



# 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 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) as soon as possible after the accident.
- 6. REMEMBER**  
Do not accept responsibility, admit liability, or agree to pay any other party's damages.

## POLICE REPORT

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

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

Report # \_\_\_\_\_

### DESCRIPTION OF ACCIDENT

Date and time of Accident (dd/mm/yyyy) \_\_\_\_\_

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(s) of other driver(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## YOUR VEHICLE

York University Intact – RH3240962  
Named Insured Policy No.

Vehicle Year Make 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

\* Notes required fields

Vehicle Year Vehicle Vehicle

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