



POST-ACCIDENT WORKSHEET

Auto accidents can be very stressful; shock and excitement will make it hard to think clearly. If you're involved in an accident, this worksheet will help you to remember the types of information you'll need to record at the scene. Keep this in your glove compartment along with a spare pen.

| Accident Worksheet | |
|--|------------------------------------|
| Date : | Time : |
| Location : | Weather conditions : |
| Road conditions : | Estimated speed of the vehicle(s): |
| Description of accident : | |
| Diagram of Accident : | |
| <p>A Your vehicle B Other vehicle C Other vehicle</p> | |

Other drivers' information:

Name :

Address :

Home phone:

Business phone:

Driver's licence no.:

Vehicle plate no.:

Vehicle make and colour :

Registered owner of vehicle :

Vehicle identification no.:

Insurance company :

Insurance policy no.:

Expiry date :

Damage to vehicle :

Number of passengers :

Names :

Position in vehicle :

Position in vehicle :

Position in vehicle :

Name :

Address :

Home phone:

Business phone:

Driver's licence no.:

Vehicle plate no.:

Vehicle make and colour :

Registered owner of vehicle :

Vehicle identification no.:

Insurance company :

Insurance policy no.:

Expiry date:

Damage to vehicle :

| | |
|---------------------------------|-----------------|
| Number of passengers : | Names : |
| Position in vehicle : | |
| Position in vehicle : | |
| Position in vehicle : | |
| Witnesses | |
| Name : | |
| Address : | Home phone: |
| | Business phone: |
| Name : | |
| Address : | Home phone: |
| | Business phone: |
| Name : | |
| Address : | Home phone: |
| | Business phone: |
| Attending police officer | |
| Name : | |
| Badge No.: | Division : |
| Business phone: | |
| Tow truck operator | |
| Company name : | |
| Driver name : | |
| Truck no. : | Business phone: |
| Address towed to: | |

**BRING YOUR VEHICLE TO
CARMEN AND FRANK COLLISION CENTRE LTD.**

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