

MOTOR VEHICLE COLLISION STATEMENT



District Collator: K4583 AIRDRIE RCMP Other
 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

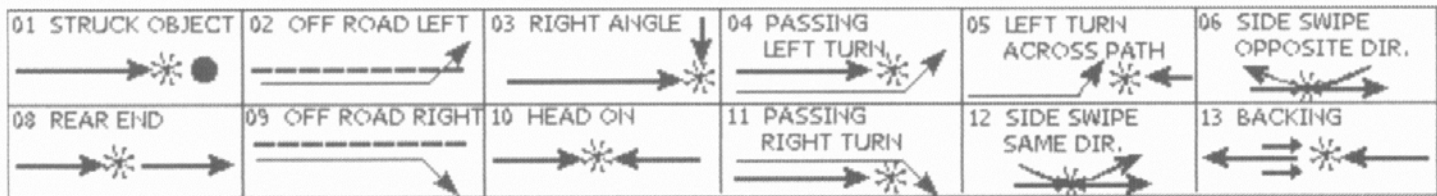
Severity of Collision (*SELECT ONLY ONE*):

**PRIMARY
EVENT**

Scene Visited by RCMP?: YES NO
 Was this a Hit and Run?: YES NO
 Was any Wildlife involved?: YES NO

Fatality Injury Property Damage

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: _____
How Many Meters Kilometers

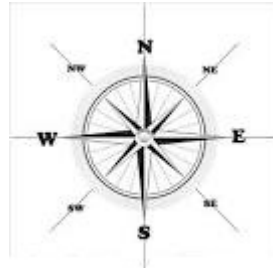
<input type="radio"/> North	<input type="radio"/> South	<input type="radio"/> East	<input type="radio"/> West
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 Of _____
Street/Avenue/Highway or Town/City

Collision Happened in Parking Lot: YES (Proceed to diagram) NO (Proceed to "Road Alignment")

Road Alignment (Circle one in each)	A) Level Grade (hill) Hill Crest Sag Unknown
	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: _____

Vehicle Details: _____
Year Make/Model License Plate Color

Vehicle Identification Number: _____

Insurance Company: _____

Policy Number: _____ Broker Agency Expiration Date: _____
YYYY / MM / DD

Estimated Damage: _____ Vehicle Appears Repairable: YES NO

Damage Sticker # _____ 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): _____

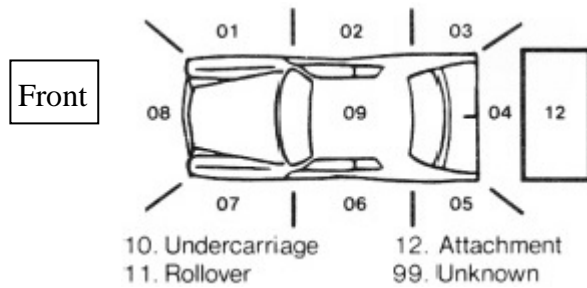
Are you injured? Yes No **What are your injuries?** _____

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:** _____

There were _____ passengers with me:

1. Name: _____ Seat Belt/Car Seat Seating position# _____
 Address: _____ DOB / age _____ M/F
 Were they injured? _____ What are the injuries? _____
2. Name: _____ Seat Belt/Car Seat Seating position# _____
 Address: _____ DOB / age _____ M/F
 Were they injured? _____ What are the injuries? _____
3. Name: _____ Seat Belt/Car Seat Seating position# _____
 Address: _____ DOB / age _____ M/F
 Were they injured? _____ What are the injuries? _____
4. Name: _____ Seat Belt/Car Seat Seating position# _____
 Address: _____ DOB / age _____ M/F
 Were they injured? _____ What are the injuries? _____

FRONT		
1 driver	2	3
4	5	6
7	8	9
BACK		

OTHER VEHICLES INVOLVED

Other Vehicle or Property Information: (fill in any information you obtained)

Animal: _____ or Sign Post: Yes No

Driver's Name: _____ Driver License #: _____

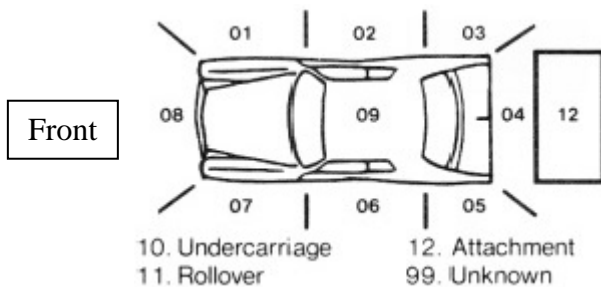
Driver's Telephone: _____
Home Phone Cell Phone

Vehicle Details: _____
Year Make/Model License Plate Color
Vehicle Identification Number: _____

Insurance Company: _____
Broker Agency

Policy Number: _____ Expiration Date: _____
YYYY / MM / DD

Point of Impact OTHER Vehicle (circle on diagram)



“A victim of an offence who has suffered physical or emotional loss has the right to prepare a Victim Impact Statement that will be considered by the judge at the time of sentencing. If you wish to provide a Victim Impact Statement or complete a Request for Restitution you may contact the Victim Services Unit, or alternately we can have Victim Services Unit contact you.”

Do you wish to have a Victim Services worker contact you?

“I give consent for the Royal Canadian Mounted Police to release a copy of this statement. This information may be available to the persons subject of this investigation of their counsel or agent acting on behalf of any civil, criminal or administrative proceedings.”

Do you understand?

Do you consent to a copy of your statement being released for insurance/legal purposes?

X _____
Signature of driver / registered owner Date

This information is being collected for the purpose of collecting additional or supplemental information from persons who have knowledge of an accident. The information is collected and is disclosed in accordance with and under the authority of the Traffic Safety Act, Operator and Vehicle Licensing Control Regulation and the Freedom of Information and Protection of Privacy Act. Contact Alberta Transportation at (780)427-8901 or toll free 310-0000.