



# Motor Vehicle Collision Statement

## K Division

This information is being collected for the purpose of gathering additional or supplemental information from persons who have knowledge of an accident. The information is collected and is disclosed in accordance with 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 at 310-0000.

To obtain a copy of your collision report, please visit [Alberta Transportation website](http://Alberta Transportation website)

Date of Statement (yyyy-mm-dd)	Time (hh:mm)	File No.	Name of Investigator
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This form is to be used by external clients to provide a collision statement.  
 II sections are to be completed by one of the following: driver, vehicle owner, pedestrian, etc.

### Statement of:

Involvement (please choose the option which best describes your situation)

Registered Owner  Driver  Passenger  Motorcyclist  Bicyclist  Pedestrian  Other specify:

Was this a hit and run?

Yes  No

Did a police officer attend the scene of the accident?

Yes  No

Full Name of Individual Involved

Date of Birth (yyyy-mm-dd)

Address

Telephone No. (include area code)

Home Email Address

Driver's Licence No.

Province Issued

Class

Expiry Date (yyyy-mm-dd)

### Collision Details

Date of Collision (yyyy-mm-dd)

Day of the Week

Time (hh:mm)

Address/Intersection where Collision Occurred (as detailed as possible)

Nearest Town/City

Longitude, if known

Latitude, if known

Travelling Lane

Lane 1 from median  Lane 2 from median  Lane 3 from median  Lane 4 from median  Lane 5 from median  No median

Direction of Travel

North  East  South  West  Northeast  Northwest  Southeast  Southwest  Unknown

### Driver Information

Safety Equipment Used

Lap/Shoulder with Airbag  Lap Belt Only  Shoulder Belt Only (i.e. automatic belt)  Lap/Shoulder Belt Assembly  
 Airbag  None

Severity of Injuries

None  Minor (did or will you be seeking medical attention? Doctor appointment, chiropractor, etc.?)  Major (admitted to hospital)

Name of the hospital you were sent to.

List all injuries resulting from this collision.

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### Your Vehicle Information

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Colour
Vehicle VIN		Licence Plate No.	Province of Licence Plate
Name of Insurance Company		Insurance Policy Number	Expiry Date (yyyy-mm-dd)

Is this a rental vehicle?  Yes  No

Type of insurance used  Personal Insurance  Rental Company Insurance specify:

Vehicle or Object Collided With

Passenger Car     Pick-up/Van < 4500 kg     Mini-Van/MPV/SUV     Truck > 4500 kg     Truck Tractor  
 School Bus     Transit Bus     Intercity Bus     Other Bus     Motorhome  
 Emergency Vehicle     Unknown     Other specify:

Initial Point of Impact

01-Front Passenger     02-Passenger     03-Rear Passenger     04-Rear  
 05-Rear Driver     06-Driver     07-Front Driver     08-Front  
 09-Roof     10-Undercarriage     11-Rollover     12-Attachment  
 99-Unknown

10. Undercarriage    11. Rollover    12. Attachment    99. Unknown

Estimate of damage to vehicle (\$)

Vehicle Appears Repairable  Yes  No  Unknown

Vehicle Condition Contributing Factors

No Apparent Defect     Defective Brakes     Tires Failed     Improper Load / Load Shift     Lighting Defect     Unknown

### Your Vehicle Trailer Information If Applicable

Trailer/Unit Configuration

Recreation Trailer     Small Utility Trailer     Farm Equipment     Towed Motor Vehicle

Load Details (A)  Loaded  Unloaded  Not Applicable

Load Details (B)  Load Not Spilled  Load Spilled  Not Applicable

Indicate Trailer Type

Van / box body     High boy     Low boy     Tanker     Dump  
 Car / Log / Livestock Carrier / Other specify:

### Other Vehicle / Pedestrian / Object / Animal

Did the collision involve

Moving Vehicle     Parked Vehicle     Object/Animal     Pedestrian

Description:

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Colour
Vehicle VIN		Licence Plate No.	Province of Licence Plate
Driver's Name		Driver's Licence No.	Province Issued
Phone No. (include area code)	Address		
Other Involved Vehicle's Insurance Company		Insurance Police Number	Insurance Expiry Date (yyyy-mm-dd)

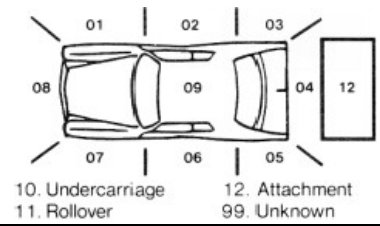
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### Explanation of Point of Impact / Damage on Other Vehicle

- |  |  |   |                                     |
|--|--|---|-------------------------------------|
| <input type="radio"/> 01-Front Passenger | <input type="radio"/> 02-Passenger     | <input type="radio"/> 03-Rear Passenger | <input type="radio"/> 04-Rear       |
| <input type="radio"/> 05-Rear Driver     | <input type="radio"/> 06-Driver        | <input type="radio"/> 07-Front Driver   | <input type="radio"/> 08-Front      |
| <input type="radio"/> 09-Roof            | <input type="radio"/> 10-Undercarriage | <input type="radio"/> 11-Rollover       | <input type="radio"/> 12-Attachment |
| <input type="radio"/> 99-Unknown         |  |   |                                     |



### Point of Impact / Damage on Other Vehicle Details, if applicable

### Other Vehicle Trailer Information If Applicable

#### Trailer/Unit Configuration

- Recreation Trailer     Small Utility Trailer     Farm Equipment     Towed Motor Vehicle

#### Load Details (A)

- Loaded     Unloaded     Not Applicable

#### Load Details (B)

- Load Not Spilled     Load Spilled     Not Applicable

#### Indicate Trailer Type

- Van / box body     High boy     Low boy     Tanker     Dump  
 Car / Log / Livestock Carrier / Other specify:

### Road/Environment Conditions

#### Light Conditions (A)

- Daylight     Sun glare     Darkness

#### Light Conditions (B)

- No Artificial Light     Artificial Light

#### Traffic Control Device

- None Present     Traffic Signal/Lights     Stop Sign     Yield Sign     Merge Sign  
 Pedestrian Cross Walk     School Bus     Lane Control Signal     Railroad Crossing

#### Traffic Device Condition

- Functioning     Not Functioning     Obscured     Missing

#### Contributing Road Condition

- No Unusual Condition     Under Construction/Maintenance     Holes/Ruts/Bumps     Slippery When Wet  
 Oily Pavement     Soft/Sharp Shoulder     Unknown

#### Manoeuvre

- Post-Collision Manoeuvre     Parked     Passing Manoeuvre     Being Passed  
 Merging     Diverging     Avoiding a Vehicle     Avoiding Other Objects  
 Other Lane Changing Manoeuvre     Backing Up     Making a U-turn     Making a Left Turn  
 Making a Right Turn     Stopping/Stopped in Traffic     Moving Ahead     Unusual Manoeuvre

#### Special Facility

- Not Applicable     Interchangeable Ramp     Interchangeable Loop     Bridge/Overpass     Tunnel/Underpass  
 Private Driveway     Traffic Circle     Service Road     Parking Lot     Divided Highway Crossover

#### Road Alignment (A)

- Level     Grade     Hillcrest     Sag (bottom of hill)     Unknown

#### Road Alignment (B)

- Straight     Curve

#### Road Class

- Undivided One-Way     Undivided Two-Way     Divided With Barrier     Divided No Barrier  
 Unknown     Other specify:

#### Collision Location

- Non-intersection     Intersection/Intersection-Related     At/Near Railroad Crossing

#### Environmental Condition

- Clear     Raining     Hail/Sleet     Snow     Fog/Smog/Smoke/Dust     High Wind

#### Surface Condition

- Dry     Wet     Slush/Snow/Ice     Loose Surface Material     Muddy

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### Passenger Information

How many passengers were in your vehicle? (maximum of 2 characters)

### Statement of Accident Occurrence

It is unlawful to make a false statement. In the field, please describe how the collision occurred and what action you took before and after the collision.  
If this was a hit and run, please describe the vehicle or driver.

Details of Collision

Diagram, if applicable.

Any information you provide may be used for civil, criminal or administrative proceedings. Do you understand?  Yes  No

Do you require Victim Services?  Yes  No

I consent to the investigating law enforcement agency releasing a copy of this statement to any person, agency, or other entity upon request.  Yes  No

Signature of Driver/Owner

Date Driver/Owner Completed Statement (yyyy-mm-dd)

Signature of RCMP Employee

Date RCMP Employee Received Statement (yyyy-mm-dd)