



3002-001_ed02E

Driver's accident
report kit:

Trucking





Steps to follow in the event of an accident

1. Remain at the scene. Turn on four-way flashers, set out flares or reflectors.
2. Check for immediate danger, such as fuel spills.
3. Ensure that seriously injured parties are cared for. If necessary, call an ambulance.
4. Notify the police.
5. Notify your employer, and have your employer notify *Northbridge Insurance*™ immediately at 1.855.621.6262.
6. Have witness cards (included in the centre of this kit) filled out by anyone who saw the accident.
7. Complete this report at the scene of the accident.
8. If possible, take pictures of the scene. Do not take photographs of victims.
9. Do not discuss the accident with anyone except the police or a *Northbridge Insurance* representative.
10. Submit this report to your supervisor as soon as possible. Do not distribute or copy this report to others.

This report is to be completed at the scene of the accident by the driver. *Northbridge Insurance* Driver's Accident Report Kit and Accident and/or Cargo Loss Summary are for your internal records only and should not be submitted to *Northbridge Insurance*.* After any accident or loss, notify your employer and have them call *Northbridge Insurance* immediately at 1.855.621.6262

To order additional kits, please call 1.855.620.6262

➤ Driver information

Name:

Address:

Phone: (.....)

Licence #:

Expiration Date:

Province of issue:

➤ Owner information

Name:

Address:

Phone: (.....)

Policy #:

NSC/CVOR#:

➤ Vehicle information

Describe the unit or tractor that you were driving:

Year: Make:

Colour:

VIN:

Unit #:

Describe the type of trailer(s) that you were pulling:

Year: Make:

VIN:

Number of Trailers:

™ Trademarks used under licence from Northbridge Financial Corporation.

* Policies underwritten by Northbridge Commercial Insurance Corporation.

Essential information



↳ Cargo loss information

Was the cargo damaged?

YES NO

Estimated value of the damage: \$.....

Describe the damage to the cargo:

↳ Accident information

Date:

Time:

Number of vehicles involved:.....

Street name(s) where the accident occurred:

City:

Prov./State:

Landmarks:

In what direction were you travelling?

Just prior to the accident, at what speed were you travelling?
.....,km/h
.....,mph

Were your headlights on when the accident occurred?

YES NO

What lane were you in? (lane closest to the shoulder is Lane 1).....

How many lanes wide is the road in one direction?.....

Were warning signals given prior to the accident occurring?

YES NO

If yes, what was the signal given and by whom?.....

↳ Road / weather condition

Describe the road conditions by checking one or more of the following:

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Grade.....% | <input type="checkbox"/> Hill crest | <input type="checkbox"/> Wet |
| <input type="checkbox"/> Level | <input type="checkbox"/> Hilly | <input type="checkbox"/> Divided highway | <input type="checkbox"/> Dry |
| <input type="checkbox"/> Curve | <input type="checkbox"/> Debris/construction | <input type="checkbox"/> Oily | <input type="checkbox"/> Icy |
| <input type="checkbox"/> Marked lanes | <input type="checkbox"/> Pot holes | <input type="checkbox"/> Snowy | <input type="checkbox"/> Muddy |
| <input type="checkbox"/> Unmarked lane | <input type="checkbox"/> Other (describe):..... | | |

Describe the traffic controls at the intersection by checking one or more of the following:

- | | |
|--|--|
| <input type="checkbox"/> Four-way stop | <input type="checkbox"/> Four-way traffic lights |
| <input type="checkbox"/> Stop signs at north/south sides | <input type="checkbox"/> Stop signs at east/west sides |
| <input type="checkbox"/> Traffic lights at north/south sides | <input type="checkbox"/> Traffic lights at east/west sides |
| Other (describe):..... | |

Describe the traffic conditions just prior to the accident by checking one or more of the following:

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------|------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Heavy | <input type="checkbox"/> Light | <input type="checkbox"/> Stop & go | <input type="checkbox"/> Merging traffic |
| Other (describe):..... | | | | |

Describe the weather conditions just prior to the accident by circling one or more of the following:

- | | | | | |
|--------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Snow | <input type="checkbox"/> Fog | <input type="checkbox"/> Rain | <input type="checkbox"/> Sleet |
| Other (describe):..... | | | | |

Describe the visibility just prior to the accident by circling one or more of the following:

- | | | | |
|-----------------------------------|-----------------------------------|---|-------------------------------|
| <input type="checkbox"/> Daylight | <input type="checkbox"/> Darkness | <input type="checkbox"/> Artificial light | <input type="checkbox"/> Dusk |
| Other (describe):..... | | | |

Accident specifics



Describe how the accident occurred

Using the space below, sketch how the accident occurred. **Please indicate your position prior to impact, the point of impact and your final resting point.** Mark your vehicle as 'Vehicle A', and all other vehicles involved as Vehicles 1, 2, 3, etc. Please indicate the direction in which you were travelling. Include street names, street signals and stop signs in your sketch.



Action or movement of the other vehicle

	Vehicle 1	Vehicle 2	Vehicle 3
Driving straight ahead			
Turning right			
Turning left			
Making a U-turn			
Making a U-turn			
Lost control			
Stopped or parked			
Backing up			
Jack-knifed trailer			
Passing right side			
Passing left side			
Weaving			
Skidding			
On the wrong side			
Other (describe)			

Please describe all the details of the accident (additional space is provided after this page if required):

.....

.....

.....

.....

.....

Witness information

Licence plate number of vehicles at the scene of the accident - but not involved in the accident - who could act as witnesses:

1. 2. 3.
 Prov./State: Prov./State: Prov./State:

📌 **Witness card # 1**

If you were a witness to this accident, please complete this card and return it to the driver.

Name:.....

Address:.....

Prov./State:..... Phone: (.....)

Did you see the accident occur?.....

Please describe where you were when the accident occurred:.....

.....

What do you think caused this accident?.....

Thank you for your assistance



📌 **Witness card # 2**

If you were a witness to this accident, please complete this card and return it to the driver.

Name:.....

Address:.....

Prov./State:..... Phone: (.....)

Did you see the accident occur?.....

Please describe where you were when the accident occurred:.....

.....

What do you think caused this accident?.....

Thank you for your assistance



📌 **Witness card # 3**

If you were a witness to this accident, please complete this card and return it to the driver.

Name:.....

Address:.....

Prov./State:..... Phone: (.....)

Did you see the accident occur?.....

Please describe where you were when the accident occurred:.....

.....

What do you think caused this accident?.....

Thank you for your assistance



📌 **Additional notes**

Large area with horizontal dotted lines for additional notes, enclosed in an orange border.