

# POLICE REPORT

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

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

Summons Issued \_\_\_\_\_

## DESCRIPTION OF ACCIDENT

Date of Accident (dd/mm/yyyy) \_\_\_\_\_ Time of Accident \_\_\_\_\_

Location (Street, City, Province/State) \_\_\_\_\_

Estimated Speed of Vehicles \_\_\_\_\_

Your Vehicle (A) \_\_\_\_\_ Other Vehicle (1) \_\_\_\_\_ Other Vehicle (2) \_\_\_\_\_

Description of Accident *(see reverse)*

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

Name of Person Receiving Violation \_\_\_\_\_

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

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

# YOUR VEHICLE

**YORK UNIVERSITY** **RSA – CAP043240962**  
Named Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

VehicleYear \_\_\_\_\_ Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_

Driver Name \_\_\_\_\_

Driver Address \_\_\_\_\_

Driver Telephone No. \_\_\_\_\_

Describe Nature and Extent of Damage

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

Purpose of Use of Vehicle \_\_\_\_\_

## WITNESSES

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

# OTHER VEHICLE

VehicleYear \_\_\_\_\_ Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_

Licence Plate No. \_\_\_\_\_

Driver Name \_\_\_\_\_

Driver Licence No. \_\_\_\_\_

Driver Address \_\_\_\_\_

Driver Telephone No. \_\_\_\_\_

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

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Telephone No. \_\_\_\_\_

Describe Nature and Extent of Damage

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

No. of Passengers \_\_\_\_\_

# INJURED PERSONS

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Driver  Passenger in your car

Pedestrian  Passenger in other car

Position in Car \_\_\_\_\_ Nature of Injury \_\_\_\_\_

Ambulance Called?  Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Driver  Passenger in your car

Pedestrian  Passenger in other car

Position in Car \_\_\_\_\_ Nature of Injury \_\_\_\_\_

Ambulance Called?  Yes  No

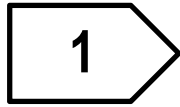
# DIAGRAM

Use this diagram to show names of highways and direction of vehicles involved in accident.  
Designate your vehicle and other vehicles involved.

## Vehicle Designation



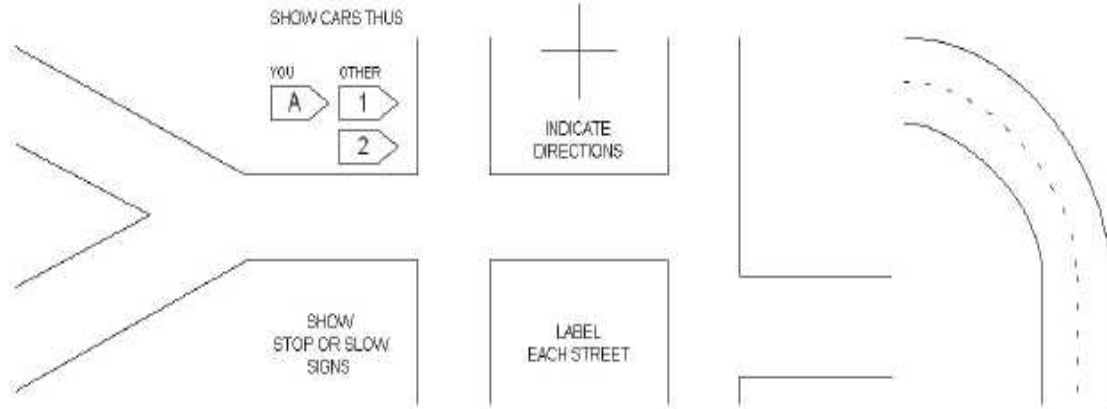
Your Vehicle



Other Vehicle (1)



Other Vehicle (2)




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# AUTOMOBILE ACCIDENT REPORTING GUIDE

## 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 absolutely 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 and Risk Management Services, Finance Department) as soon as possible after the accident.
6. **REMEMBER**  
Do not accept responsibility, admit liability, or agree to pay any other party's damages.

## IMPORTANT INFORMATION:

### When to complete this report:

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

### Please send report to:

Sandra Alwazani  
Insurance and Risk Analyst

Risk Management Services  
Finance Department  
York University  
4700 Keele Street  
Toronto, Ontario M3J 1P3  
Tel: 416-736-2100 x 22922  
Fax: 416-736-5815  
Email: [alwazani@yorku.ca](mailto:alwazani@yorku.ca)

