

GLOVE BOX ACCIDENT REPORT FORM

We hope you are never involved in an accident, but if you are, we hope this form will assist you.

AFTER AN ACCIDENT

- Stay Calm
- If the vehicles are driveable and it is safe to do so, move them safely out of traffic
- Apply first aid
- Call police, and if necessary, ambulance.
- Take brief notes

For 24-hour Emergency Towing call **AUTO RESCUE AT 439-9911** or
KINGSWAY TOWING AT 455-4488

<p>Time of Accident: _____ am / pm</p> <p>Date of Accident: _____ day / month / year</p> <p>Street: _____</p> <p>City: _____</p> <p>Province: _____</p> <p>Speed: Your _____ kph:</p> <p>Other _____ kph:</p>	<p>Description of your vehicle's damage:</p> _____ _____ _____ <p>Description of other vehicle's damage:</p> _____ _____ _____ <p>Description of how the accident happened:</p> _____ _____ _____
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OTHER VEHICLE

<p>Owner: _____</p> <p>Address: _____</p> <p>Phone: Home: _____</p> <p>Work: _____</p>	<p>Driver: _____</p> <p>Address: _____</p> <p>Phone: Home: _____</p> <p>Work: _____</p>
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<p>Driver's licence No.: _____</p> <p>Insurance Company: _____</p> <p>Vehicle Make: _____</p> <p>Vehicle Year: _____</p> <p>Number of Passengers: _____</p> <p>Where treated: _____</p>	<p>Vehicle licence No.: _____</p> <p>Policy No.: _____</p> <p>Vehicle Model: _____</p> <p>Vehicle Colour: _____</p> <p>Name of injured: _____</p>
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INVESTIGATING OFFICER

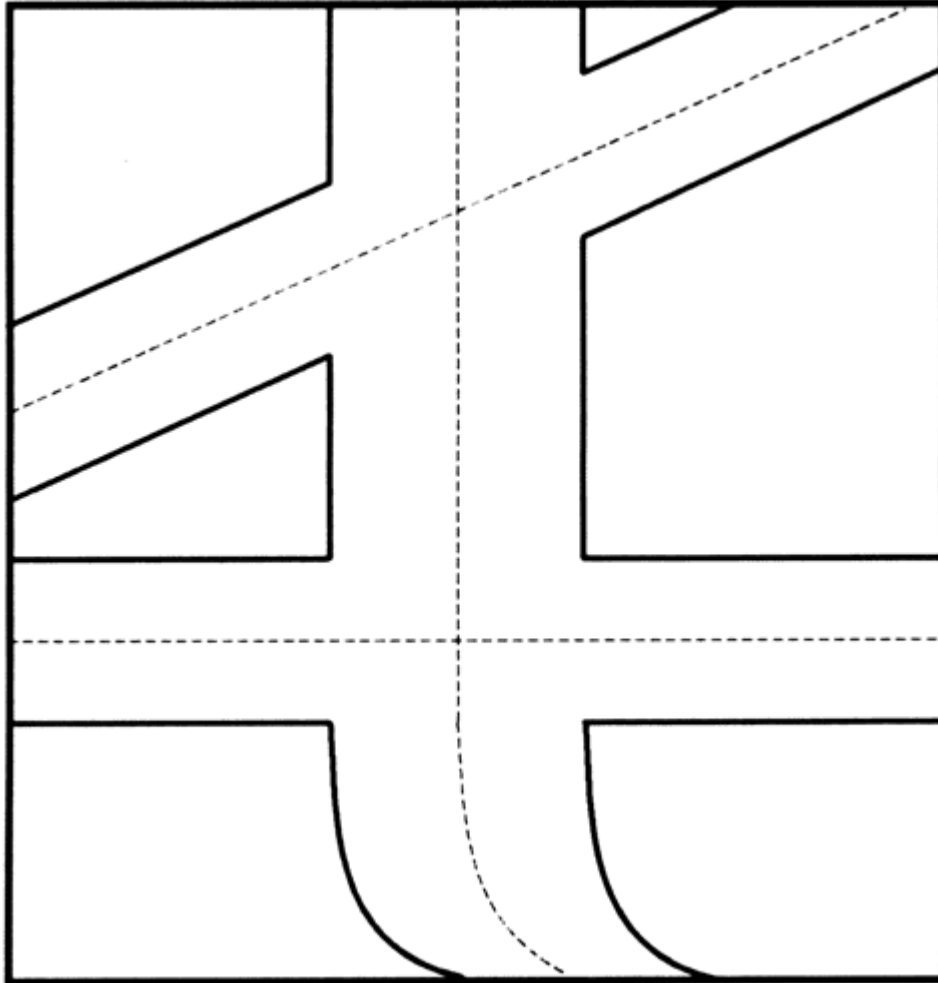
<p>Name: _____</p> <p>Phone: _____</p>	<p>Badge No.: _____</p> <p>Local Police Detachment: _____</p>
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WITNESS

Name: _____
Address: _____

Phone: Home: _____
Work: _____

SKETCH OF ACCIDENT SCENE (try to estimate distances)



DOUG'S PLACE

Collision Repairs Inc.

Phone (780) 439-3665 / (780) 439-6134 Fax (780) 431-0009
9939-77 Avenue Edmonton, Alberta T6E 1M6

DOUG'S PLACE *too*

Collision Repairs Inc.

Phone (780) 435-0450 Fax (780) 436-1582
5610-103A Street Edmonton, Alberta T6H 2J5