

Please complete all applicable fields.

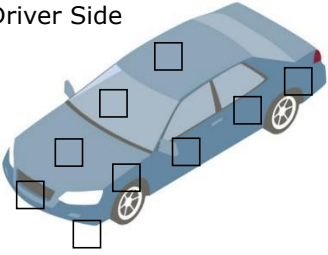
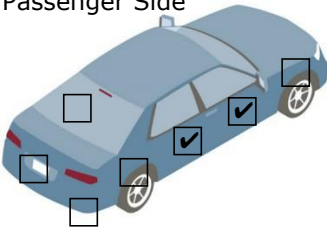
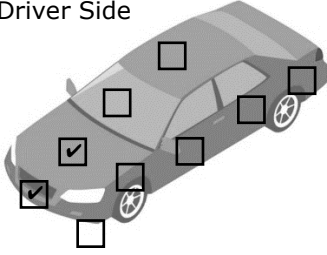
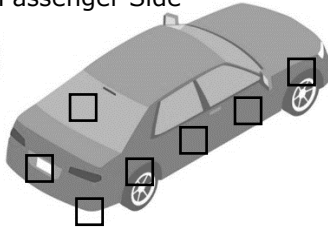
**Claim Information**

Driver's Full Name: <b>Jane Quincy Public</b>	Driver's Licence Number: <b>PU-BL-IJ-Q059NH</b>	Claim Number: <b>12345678</b>
City/Town (nearest to): <b>Winnipeg</b>	Accident Date: <b>July 11, 2019</b>	Time of Loss: <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <b>2:00</b>
Did police attend the scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Police report number:	Did an ambulance attend the scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you consume any drugs or alcohol in the 12 hours before the accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, what did you consume and how much did you consume? n/a		

**Collision Details**

Your Vehicle	Other Vehicle
Street/road you were traveling on: <b>Main Street</b>	Street/road the other vehicle was traveling on: <b>Inkster Blvd</b>
What lane were you traveling in? <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Center <input type="checkbox"/> Unknown	What lane was the other vehicle traveling in? <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Center <input checked="" type="checkbox"/> Unknown
Did you make a lane change prior to the impact? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, did you use a signal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the other vehicle make a lane change prior to the impact? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did the other vehicle use a signal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
In what direction was your vehicle traveling? <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	In what direction was the other vehicle traveling? <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown
Were there any traffic control devices for your vehicle's direction of travel? <input checked="" type="checkbox"/> Traffic Light <input type="checkbox"/> Stop Sign <input type="checkbox"/> Unknown <input type="checkbox"/> Yield <input type="checkbox"/> None If you selected traffic light, indicate the type and colour: <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Green <input type="checkbox"/> Flashing <input type="checkbox"/> Amber <input type="checkbox"/> Arrow <input checked="" type="checkbox"/> Red <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	Were there any traffic control devices for the other vehicle's direction of travel? <input checked="" type="checkbox"/> Traffic Light <input type="checkbox"/> Stop Sign <input type="checkbox"/> Unknown <input type="checkbox"/> Yield <input type="checkbox"/> None If you selected traffic light, indicate the type and colour: <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Green <input type="checkbox"/> Flashing <input type="checkbox"/> Amber <input type="checkbox"/> Arrow <input checked="" type="checkbox"/> Red <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown
At the time of the collision, what was the motion of your vehicle? <input checked="" type="checkbox"/> Accelerating <input type="checkbox"/> Stopped <input type="checkbox"/> Turning <input type="checkbox"/> Reversing <input type="checkbox"/> Parked <input type="checkbox"/> Braking	At the time of the collision, what was the motion of the other vehicle? <input checked="" type="checkbox"/> Accelerating <input type="checkbox"/> Stopped <input type="checkbox"/> Turning <input type="checkbox"/> Reversing <input type="checkbox"/> Parked <input type="checkbox"/> Braking
If the collision occurred in an intersection, which vehicle entered the intersection first? <b>My vehicle entered the intersection first, on the solid green light.</b>	
Did either vehicle collide with any other vehicles or objects? Indicate which vehicle and describe what was impacted: <b>As a result of the impact, the other vehicle may have collided with the curb.</b>	

**Damage Information**

Identify your vehicle damage.		Identify the other vehicle's damage.	
Driver Side 	Passenger Side 	Driver Side 	Passenger Side 

**Additional Information**

Use the space below to describe the collision in your own words. If more space is required, please add your own page(s).

On Thursday, July 11, 2019, at 2:00 p.m., I was involved in a multivehicle collision. I was on my way home from the grocery store and traffic was moderate. I was alone in my vehicle and wearing my seatbelt. I was southbound on Main Street in the right lane beside the diamond lane. Main Street has four southbound lanes and four northbound lanes. I was stopped at the red light at the intersection of Main and Inkster Boulevard. There were two vehicles stopped ahead of me in my lane.

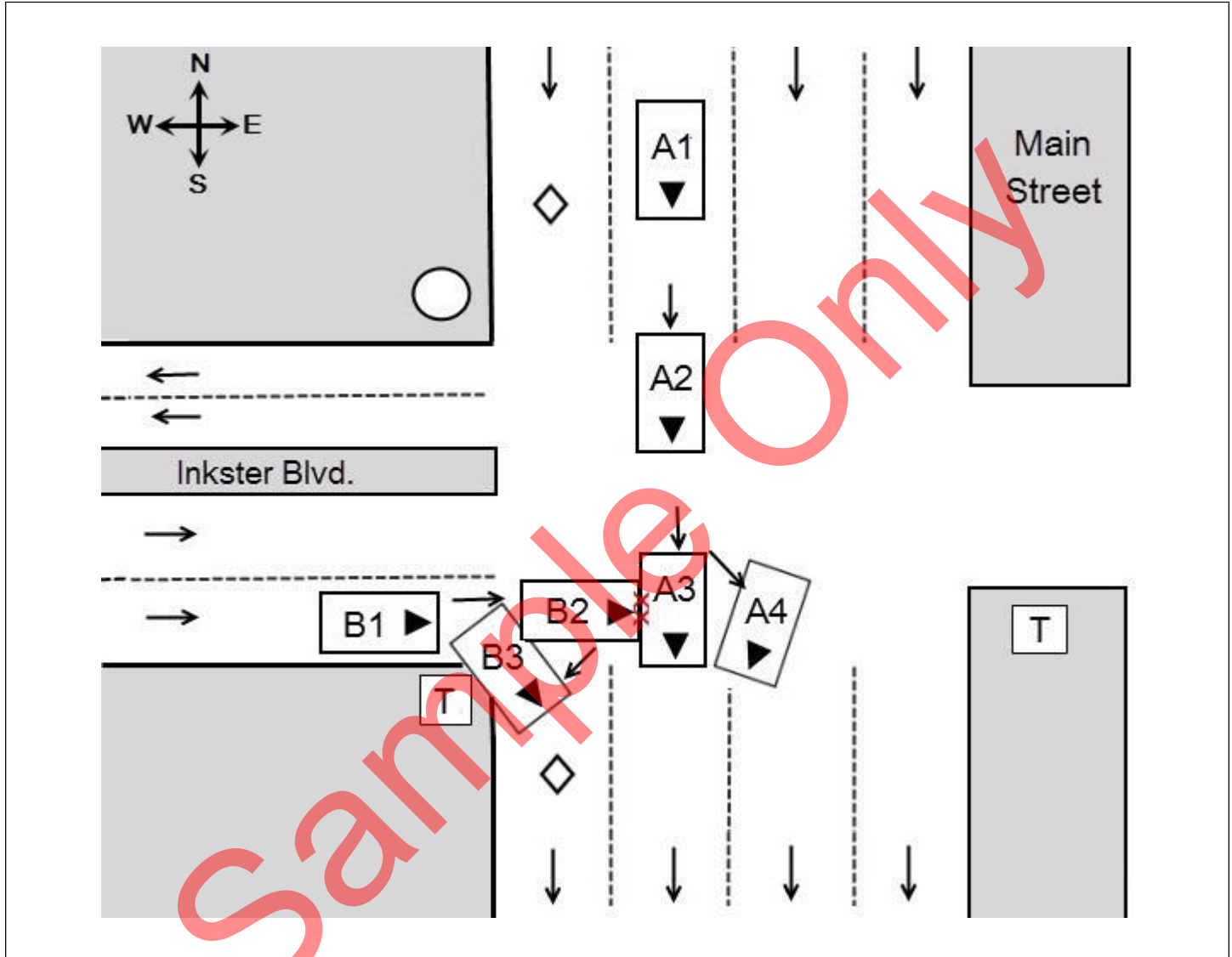
When my light turned green, the vehicles ahead of me started to move forward and I began to accelerate into the intersection. I was traveling at approximately 20 KPH, crossing the eastbound right curb lane when I was struck by a vehicle traveling eastbound on Inkster. I did not see the other vehicle prior to the impact. The other vehicle would have entered the intersection on a red light as my light was still green. The front bumper of the other vehicle struck the passenger side of my vehicle. The impact pushed my vehicle one lane to the left. The other vehicle ended up on the sidewalk of the southwest corner of the intersection. I did not collide with another vehicle or object after the impact. I was not able to drive my vehicle from the scene.

The other driver and I exchanged particulars. The other driver had one passenger in their vehicle. I obtained the name and phone number of one witness. I had not met the witness prior to this accident.

**Accident Diagram**

Draw a diagram below showing the position of all vehicles and their direction of travel. Label streets and any objects. An area for a legend has been provided.

Scan your diagram and save the image. To upload a file, click the image box below.



**LEGEND**

Your Vehicle	Other Vehicle	Stop Sign	Traffic Light	Pedestrian	Impact Area

I HAVE READ THIS REPORT AND THE FACTS AS STATED ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

*Jane Q. Public*  
DRIVER'S SIGNATURE

July 22, 2019  
DATE SIGNED

If you are submitting the Driver's Report via email, an electronic signature will be accepted.  
Please save the form as a PDF and send as an attachment to your adjuster.