

Please complete all applicable fields. Please ensure they are legible.

Claim Information

Driver's Full Name:		Driver's Licence Number:		Claim Number:	
City/Town (nearest to):			Accident Date:		Time: A.M. P.M.
Parking Lot Location:			Street/ Road (nearest to):		
Did police attend the scene? Yes No Police report number:			Did an ambulance attend the scene? Yes No		
Did you consume any drugs or alcohol in the 12 hours before the accident? Yes No					
If yes, what did you consume and how much did you consume?					

Collision Details

☐ Scene Photos Dash Cam Footage (Email to adj with claim #)

Your Vehicle	Other Vehicle
In what direction was your vehicle traveling or facing? North South East West Unknown	In what direction was the other vehicle traveling or facing? North South East West Unknown
Were there any traffic control devices for your vehicle's direction of travel? Traffic Light Stop Sign Unknown Yield None	Were there any traffic control devices for the other vehicle's direction of travel? Traffic Light Stop Sign Unknown Yield None
If you selected traffic light, indicate the type and colour: Solid Green Flashing Amber Arrow Red Unknown	If you selected traffic light, indicate the type and colour: Solid Green Flashing Amber Arrow Red Unknow
At the time of the collision, what was the motion of your vehicle? Accelerating Stopped Turning Changing Reversing Parked Braking Lanes	At the time of the collision, what was the motion of the other vehicle? Accelerating Stopped Turning Changing Reversing Parked Braking Lanes
If you were reversing, did you shoulder check and use your mirrors? Yes No Back-up camera only Not Applicable	Did the other vehicle have a signal light on? Yes Not Sure Unknown Not Applicable
What was your approximate distance from the other vehicle when first seen?	
Did either vehicle collide with any other vehicles or objects? If yes, indicate which vehicle and describe what was impacted:	

Third Party Information

Photos of Licence/Insurance/Registration (Email to adj with claim#)

Did the other driver remain at the scene and exchange information? Yes No
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If no, please explain:

Third Party Licence Plate: If TP is not Manitoban, include policy and insurance info:	Third Party Vehicle Description:
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Third Party Name:	Third Party Driver's Licence Number:
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Third Party 2 Information (only complete if applicable - more than two vehicles involved)

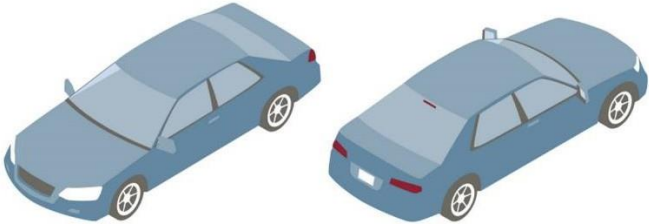
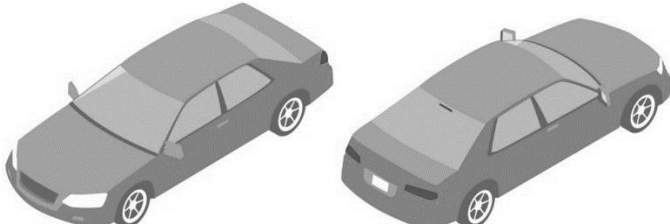
Third Party 2 Licence Plate:	Third Party 2 Vehicle Description:
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Third Party 2 Name:	Third Party 2 Driver's Licence Number:
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Independent Witness Information (if applicable)

Name:	Contact Information:
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Damage Information

<p>Identify your vehicle damage:</p> 	<p>Identify the other vehicle's damage:</p> 
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Loss Details Information

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






Responsibility

Who do you think had the right of way? Who do you think is at fault and why?

Accident Diagram

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



LEGEND				
 A	 B	 S	 T	
Your Vehicle	Other Vehicle	Stop Sign	Traffic Light	Pedestrian

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

DRIVER'S SIGNATURE

DATE

CO-SIGNATURE (DRIVER UNDER 18 YEARS OF AGE)

DATE

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.

Review the Driver's Report and ensure that all the below information is included. If the section is not relevant to the loss, check "N/A" for not applicable.

Complete	N/A	Form Section
Page 1		
<input type="checkbox"/>	<input type="checkbox"/>	Claim Information: <i>Fill out in full</i>
<input type="checkbox"/>	<input type="checkbox"/>	Collision Details: <i>Fill out as accurately as possible, if you are unsure about an area indicate unknown. Include any photos/video if available.</i>
Page 2		
<input type="checkbox"/>	<input type="checkbox"/>	Third Party Information: <i>Other vehicle's information. Include all information, if unknown and be specific. Include any photos if available.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Independent Witness Information: <i>Add any witness information, including contact numbers, emails, etc., if available. If there are multiple witnesses, include all of their information.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Damage Information: <i>Indicate the location of the damage on your vehicle and the other party's vehicle.</i>
Page 3		
<input type="checkbox"/>	<input type="checkbox"/>	Loss Details Information: <i>Provide a description of the accident in as much detail as possible.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Responsibility: <i>Provide a description of who you think is responsible for the accident and why in as much detail as possible.</i>
Page 4		
<input type="checkbox"/>	<input type="checkbox"/>	Accident Diagram: <i>Provide a diagram of the accident including the intersection, any lights, etc.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Signature and Date: <i>Review the report in full, then sign and date the report.</i>