

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

## Claim Information

Driver's Full Name: Jane Quincy Public	Driver's Licence Number: PU-BL-IJ-Q059NH	Claim Number: 12345678
City/Town (nearest to): Winnipeg	Accident Date: May 18, 2024	Time of Loss: <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. 2:00
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?		

## Collision Details

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

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? Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Center <input type="checkbox"/> Other	What lane was the other vehicle traveling in? Left <input type="checkbox"/> Right <input type="checkbox"/> Center <input type="checkbox"/> Other Unknown
Did you make a lane change prior to the impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Did the other vehicle make a lane change prior to the impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, did you use a signal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did the other vehicle use a signal? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>
In what direction was your vehicle traveling? North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown <input type="checkbox"/>	In what direction was the other vehicle traveling? North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West <input type="checkbox"/> Unknown <input type="checkbox"/>
Were there any traffic control devices for your vehicle's direction of travel? Traffic Light <input checked="" type="checkbox"/> Stop Sign <input type="checkbox"/> Unknown <input type="checkbox"/> Yield <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Roundabout <input type="checkbox"/>	Were there any traffic control devices for the other vehicle's direction of travel? Traffic Light <input checked="" type="checkbox"/> Stop Sign <input type="checkbox"/> Unknown <input type="checkbox"/> Yield <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Roundabout <input type="checkbox"/>
If you selected traffic light, indicate the type and colour: Solid <input checked="" type="checkbox"/> Green <input checked="" type="checkbox"/> Flashing <input type="checkbox"/> Amber <input type="checkbox"/> Arrow <input type="checkbox"/> Red <input type="checkbox"/> Unknown <input type="checkbox"/>	If you selected traffic light, indicate the type and colour: Solid <input checked="" type="checkbox"/> Green <input type="checkbox"/> Flashing <input type="checkbox"/> Amber <input type="checkbox"/> Arrow <input type="checkbox"/> Red <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
At the time of the collision, what was the motion of your vehicle? Accelerating <input checked="" type="checkbox"/> Stopped <input type="checkbox"/> Turning <input type="checkbox"/> Reversing <input type="checkbox"/> Parked <input type="checkbox"/> Braking <input type="checkbox"/>	At the time of the collision, what was the motion of the other vehicle? Accelerating <input checked="" type="checkbox"/> Stopped <input type="checkbox"/> Turning <input type="checkbox"/> Reversing <input type="checkbox"/> Parked <input type="checkbox"/> Braking <input type="checkbox"/>
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? If yes, 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>	

## 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

If no, please explain:

Third Party Licence Plate:

ABC 123

Third Party Vehicle Description:

2020 Kia Sportage 4 door

Third Party Name:

Bob Jones

Third Party Driver's Licence Number:

JO-NE-BO-Q12AB

## Third Party 2 Information (only complete if applicable - more than two vehicles involved)

Third Party 2 Licence Plate:

Third Party 2 Vehicle Description:

Third Party 2 Name:

Third Party 2 Driver's Licence Number:

## Independent Witness Information (if applicable)

Name:

Peter Parker

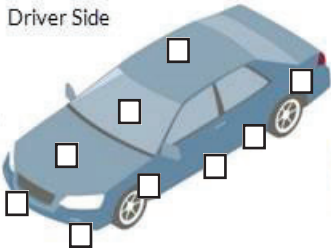
Contact Information:

1-204-XXX-XXX

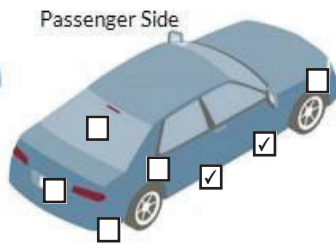
## Damage Information

Identify your vehicle damage.

Driver Side

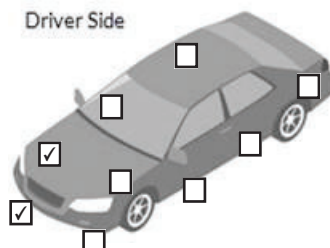


Passenger Side

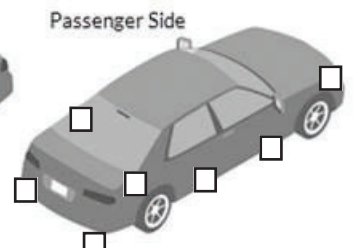


Identify the other vehicle's damage.

Driver Side



Passenger Side



### 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.

On Thursday, July 11, 2023, 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.

### Responsibility

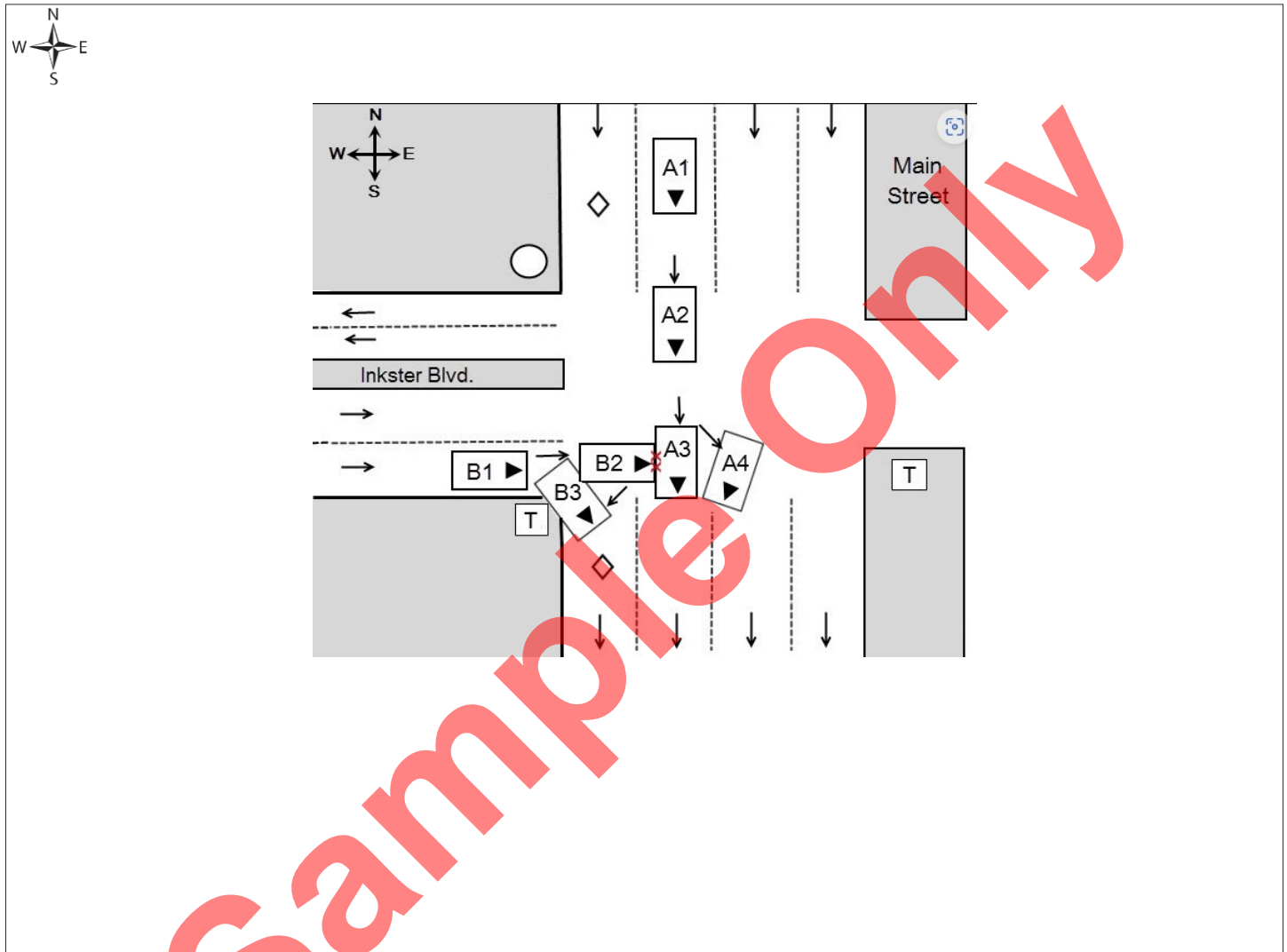
Who do you think is at fault and why?

I believe the other driver is at fault since they ran the red light and I had a green light and was going straight.






## 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.

Use the space below to draw a diagram or attach a diagram and submit with the completed report.



**LEGEND**

				
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.

Jane Quincy  
DRIVER'S SIGNATURE

Digitally signed by Jane Quincy  
Date: 2024.05.27 14:32:58 -05'00'

May 27, 2024  
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
<b>Page 1</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Claim Information:</b> <i>Fill out in full</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Collision Details:</b> <i>Fill out as accurately as possible, if you are unsure about an area indicate unknown. Include any photos/video if available.</i>
<b>Page 2</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Third Party Information:</b> <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"/>	<b>Independent Witness Information:</b> <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"/>	<b>Damage Information:</b> <i>Indicate the location of the damage on your vehicle and the other party's vehicle.</i>
<b>Page 3</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Loss Details Information:</b> <i>Provide a description of the accident in as much detail as possible.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Responsibility:</b> <i>Provide a description of who you think is responsible for the accident and why in as much detail as possible.</i>
<b>Page 4</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Accident Diagram:</b> <i>Provide a diagram of the accident including the intersection, any lights, etc.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Signature and Date:</b> <i>Review the report in full, then sign and date the report.</i>