

Draw a diagram of the collision scene

1. Indicate north (directions).
2. Identify the location of your vehicle and the other vehicle(s) involved.
3. Identify road names and streets and avenues.

Notes



Vehicle Collision Guide

What to do if you have been involved in a collision.

EDMONTON
POLICE
SERVICE

Report a Collision

- > If your vehicles are drivable, move them to another location so they will not obstruct traffic. If one or more are not drivable, call the police complaint line at 780-423-4567.
- > Exchange information (insurance, registration, name, and driver's licence number). You should view the other person's driver's licence information rather than have them communicate it verbally.
- > If someone refuses to provide their information, document the licence plate number, vehicle description, and driver description before they leave the scene.
- > Obtain names and phone numbers of all witnesses.

If the collision involves serious injuries or if impaired driving is suspected, here is what you or someone else should do.

- > Call 9-1-1 so the necessary medical help can be dispatched to the scene and police can be notified.
- > Vehicles need to remain where they are so police can investigate the collision scene.
- > If the combined damage to the vehicles involved is over \$2,000 you must attend a police station and file a Collision Report Form. Failure to do so could result in a \$287 fine.

Police attendance is only required for certain situations.

- > If someone has been seriously injured.
- > If an involved driver does not have documentation including driver's licence, registration, or insurance.
- > If you suspect a driver is impaired.
- > If one or more of the vehicles isn't drivable.

If you are unsure, call 780-423-4567.

Driver information

Driver's full name: _____

Date of birth: _____

Address: _____

Phone number (home): _____

Phone number (cell): _____

Driver's licence number: _____

Vehicle information

Make/model of vehicle: _____

Year: _____ Colour: _____

Licence plate number: _____

Insurance information

Insurance company and broker: _____

Policy number: _____

Expiry date: _____

Passenger information

Full name(s) and age(s): _____

Address(es): _____

Phone number(s): _____

Witness information

Full name(s) and age(s): _____

Address(es): _____

Phone number(s): _____