

**OTHER VEHICLE INFORMATION
(#3)**

MAKE & YEAR: _____

PLATE NUMBER: _____

OWNER'S NAME, ADDRESS AND TELEPHONE
NUMBER (if not the driver):

DRIVER'S NAME, ADDRESS, TELEPHONE
NUMBER AND AGE:

DRIVER'S LICENCE NUMBER: _____

**IF NOT INSURED BY I.C.B.C. or
VEHICLE FROM OUT OF
PROVINCE**

NAME , ADDRESS & TELEPHONE NUMBER
OF INSURANCE COMPANY:

OWNER'S POLICY NUMBER:

NAME, ADDRESS & TELEPHONE NUMBER
OF INSURANCE COMPANY:

INJURY DETAILS (if any)

DID AN AMBULANCE ATTEND? Yes No

ANY PERSONS TAKEN TO HOSPITAL?

NAME, TELEPHONE NUMBER – BRIEF DESCRIPTION
OF INJURIES: (note parts of body injured and the type of
injury, seatbelt fastened)

1. _____

2. _____

3. _____

WITNESSES

NAME, ADDRESS & TELEPHONE NUMBER:

1. _____

2. _____

3. _____

DID THE POLICE ATTEND? Yes No

POLICE INFORMATION:

McQUARRIE HUNTER LLP
Lawyers

www.mcquarrie.com

NEW WESTMINSTER OFFICE

#400 713 Columbia Street
New Westminster, B.C. V3M 1B2
604. 526.1821

PERSONAL INJURY DEPARTMENT

RICK MOLSTAD BOB COLLINGS
BRIAN SCHREIBER PERRY ARMITAGE
DARYL BROWN NEIL CHANTLER
CHRISTOPHER ELLETT



SURREY OFFICE

#200, 13889 104th Avenue
Surrey, B.C. V3T 1W8
604. 581.0461

PERSONAL INJURY DEPARTMENT

PAUL LEVY DOUG CONOLLY
DAN MOSELEY GILLIAN CANNIFF

**MOTOR VEHICLE
ACCIDENT
INFORMATION FORM**

ACCIDENT DETAILS

Date _____

Location _____

COLLISION: (head on, rear end, side swiipe, broadside, other)

ROAD SURFACE:

(dry, wet, snow, ice, mud, oily, holes / ruts, no road defects, other)

ROAD TYPE:

(on grade, 2 lane, 3 lane, 4 lane, divided, other)

CLIMATE / TIME OF DAY and YEAR:

(clear, rain, fog, snow, other / time, artificial light, other / summer, winter , etc.)

Speed Limit _____

Vehicle Speeds (Estimated)

#1 _____ #2 _____ #3 _____

LIGHTS / HORN:

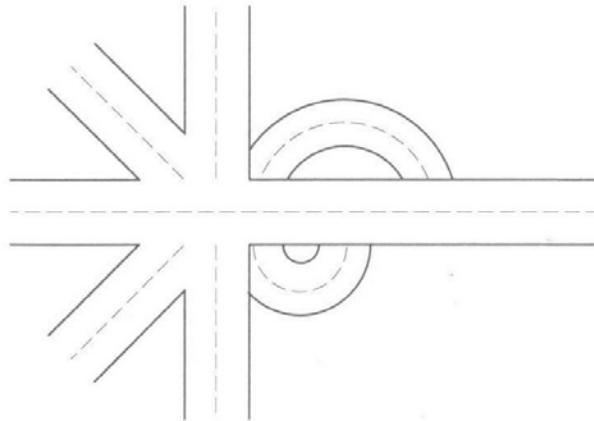
(headlights on/off, turning lights on/off—left/right, flashers on/off, brake lights on/off—working, horn—working)

#1 _____ #2 _____ #3 _____

ACCIDENT DESCRIPTION (how the accident occurred)

ACCIDENT DIAGRAM

- identify street names, distances, position between vehicles, and directions of travel
- indicate north with an arrow
- identify vehicles #1, #2, #3, etc.



YOUR VEHICLE INFORMATION (#1)

MAKE & YEAR: _____

PLATE NUMBER: _____

OWNER'S NAME, ADDRESS, AND TELEPHONE NUMBER (if not the driver):

DRIVER'S NAME, ADDRESS, TELEPHONE NUMBER AND AGE:

DRIVER'S LICENCE NUMBER: _____

OTHER VEHICLE INFORMATION (#2)

MAKE & YEAR: _____

PLATE NUMBER _____

OWNER'S NAME, ADDRESS AND TELEPHONE NUMBER (if not the driver):

DRIVER'S NAME, ADDRESS, TELEPHONE NUMBER AND AGE:

DRIVER'S LICENCE NUMBER _____