



Due to the outbreak of COVID-19, Cochrane RCMP has modified front counter service delivery and is restricting access to public spaces.

As such, please email or fax your completed collision statement and related documents to:

Email: KCochrane@rcmp-grc.gc.ca

Fax: 403-932-2842

Please include:

- your completed & signed collision statement.
- a copy of your driver's licence, vehicle registration and insurance.
- If you are reporting a hit & run, we require a photo of the vehicle damage.

If you have questions, please call us at 403-851-8000 ext. 0.



MOTOR VEHICLE COLLISION STATEMENT

Cochrane RCMP Detachment

Phone: 403.851.8000 Fax: 403.932.2842

RCMP File Number: _____

PAT Collision Number: _____

Damage Sticker Number: _____

Date Reported: _____

Time Reported: _____

Date of Collision: _____

Time of Collision: _____

THIS IS THE STATEMENT OF THE Driver / Pedestrian / Motorcyclist / Parked Vehicle / Witness

Full Name: _____ Date of Birth _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

PRIMARY EVENT

Using the numbered descriptors below, **CIRCLE** the descriptor that depicts the primary event of the collision

01 STRUCK OBJECT 	02 OFF ROAD LEFT 	03 RIGHT ANGLE 	04 PASSING LEFT TURN 	05 LEFT TURN ACROSS PATH 	06 SIDE SWIPE OPPOSITE DIR.
08 REAR END 	09 OFF ROAD RIGHT 	10 HEAD ON 	11 PASSING RIGHT TURN 	12 SIDE SWIPE SAME DIR. 	13 BACKING

DESCRIPTION OF COLLISION

Did police attend the scene? Y / N

DIAGRAM OF COLLISION (Optional)

LOCATION OF COLLISION

In / Near _____
(City/Town/Village Hamlet/First Nation Reserve)

GPS Location: _____
(Latitude) (Longitude)

(Street Number) (Street/Highway)

At Intersection with: _____
(Street/Highway)

If Not at Intersection: _____
(Distance) (Unit/Direction) (Street)

Special Reference
If location can be described more precisely, write a description below

DRIVER INFORMATION

Drivers License Number: _____ Province of Issue: _____

Full Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Email: _____

Home Phone Number: _____ Cell Phone Number: _____

VEHICLE INFORMATION

Licence Plate Number: _____ Province/State: _____

VIN: _____ Year: _____ Make: _____

Model: _____ Color: _____ Estimated Damage: _____

VEHICLE OWNER INFORMATION

Person Owned: Same as above Person Y / N

Full Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Email: _____

Home Phone Number: _____ Cell Phone Number: _____

Business Owned:

Name: _____

Address: _____

Phone Number: _____

VEHICLE INSURANCE INFORMATION

Insured Y / N

Company: _____

Policy Number: _____ Expiry Date: _____

OTHER RELEVANT INFORMATION

Were you wearing a seatbelt? Y / N

Travelling Lane: _____

Were you injured? Y / N

Direction of Travel: _____

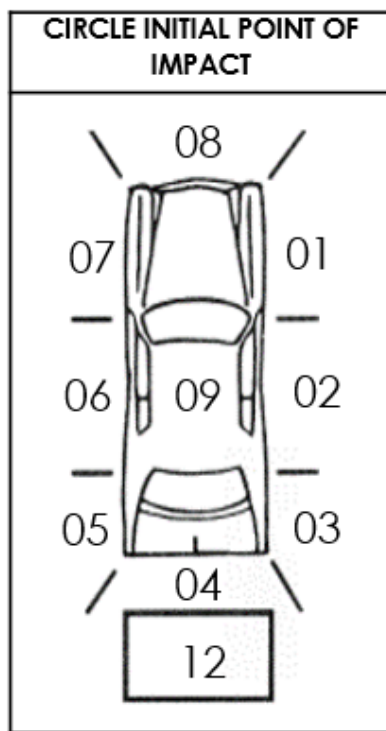
Were you admitted into the hospital? Y / N

Unsafe Speed? Y / N

Were you distracted? Y / N

Vehicle appears repairable? Y / N

Was an animal involved? Y / N



TRAFFIC CONTROL DEVICE	
<input type="checkbox"/>	None present
<input type="checkbox"/>	Traffic signal lights
<input type="checkbox"/>	Stop sign
<input type="checkbox"/>	Yield sign
<input type="checkbox"/>	Merge sign
<input type="checkbox"/>	Pedestrian crosswalk
<input type="checkbox"/>	School bus
<input type="checkbox"/>	Lane control signal
<input type="checkbox"/>	RR crossing
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Unknown

CONTRIBUTING ROAD CONDITIONS	
<input type="checkbox"/>	No unusual condition
<input type="checkbox"/>	Under construction
<input type="checkbox"/>	Holes/ruts/bumps
<input type="checkbox"/>	Slippery when wet
<input type="checkbox"/>	Oily pavement
<input type="checkbox"/>	Soft sharp shoulder
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Unknown

TRAFFIC DEVICE CONDITION	
<input type="checkbox"/>	Functioning
<input type="checkbox"/>	Non-functioning
<input type="checkbox"/>	Obscured
<input type="checkbox"/>	Missing
<input type="checkbox"/>	Other: _____

LOAD DETAILS (A)	
<input type="checkbox"/>	Loaded
<input type="checkbox"/>	Unloaded
<input type="checkbox"/>	Not applicable
<input type="checkbox"/>	Unknown

LOAD DETAILS (B)	
<input type="checkbox"/>	Load not spilled
<input type="checkbox"/>	Load spilled
<input type="checkbox"/>	Not applicable
<input type="checkbox"/>	Unknown

LIGHT CONDITIONS (A)	
<input type="checkbox"/>	Daylight
<input type="checkbox"/>	Sun Glare
<input type="checkbox"/>	Darkness
<input type="checkbox"/>	Unknown

DRIVER/PEDESTRIAN CONDITION	
<input type="checkbox"/>	Normal
<input type="checkbox"/>	Had been drinking
<input type="checkbox"/>	Impaired by alcohol
<input type="checkbox"/>	Impaired by drugs
<input type="checkbox"/>	Fatigued/asleep
<input type="checkbox"/>	Medical condition
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Unknown

VEHICLE CONDITION CONTRIBUTING FACTORS	
<input type="checkbox"/>	No apparent defect
<input type="checkbox"/>	Defective brakes
<input type="checkbox"/>	Tires failed
<input type="checkbox"/>	Improper load/shift
<input type="checkbox"/>	Lighting defect
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Unknown

LIGHT CONDITIONS (B)	
<input type="checkbox"/>	No artificial light
<input type="checkbox"/>	Artificial light
<input type="checkbox"/>	Unknown

PASSENGER INFORMATION

Full Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Position in Vehicle (see table below): _____ Were they injured? Y / N
Were they wearing a seatbelt? Y / N Were they admitted into the hospital? Y / N

Full Name: _____ Sex: _____ Date of Birth: _____

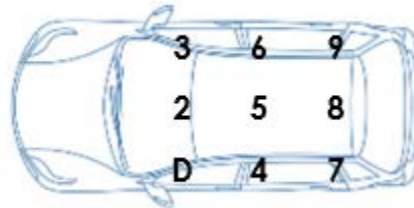
Address: _____

Position in Vehicle (see table below): _____ Were they injured? Y / N
Were they wearing a seatbelt? Y / N Were they admitted into the hospital? Y / N

Full Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Position in Vehicle (see table below): _____ Were they injured? Y / N
Were they wearing a seatbelt? Y / N Were they admitted into the hospital? Y / N



OTHER DRIVER INFORMATION

Drivers License Number: _____ Province of Issue: _____

Full Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Email: _____

Home Phone Number: _____ Cell Phone Number: _____

VEHICLE INFORMATION

Licence Plate Number: _____ Province/State: _____

VIN: _____ Year: _____ Make: _____

Model: _____ Color: _____

VEHICLE INSURANCE INFORMATION

Company: _____

Policy Number: _____ Expiry Date: _____

WITNESS INFORMATION

Full Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Email: _____ Phone Number: _____

Full Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Email: _____ Phone Number: _____

OTHER RELEVANT INFORMATION

SPECIAL FACILITY	
Not applicable	
Interchange ramp	
Interchange loop	
Bridge/overpass	
Tunnel/underpass	
Private driveway	
Traffic circle	
Service road	
Parking lot	
Divided HWY crossover	

COLLISION LOCATION	
Non-intersection	
Intersection	
At/near RR crossing	
Other: _____	
Unknown	

ENVIRONMENTAL CONDITION	
Clear	
Raining	
Hail/Sleet	
Snow	
Fog/smoke/dust/smog	
High wind	
Other: _____	
Unknown	

ROAD ALIGNMENT (A)	
Level	
Grade (hill)	
Hillcrest	
Sag (bottom of hill)	
Unknown	

SURFACE CONDITION	
Dry	
Wet	
Snow/slush/ice	
Loose surface material	
Muddy	
Other: _____	
Unknown	

ROAD ALIGNMENT (B)	
Straight	
Curve	
Unknown	

ROAD CLASS	
Undivided one-way	
Undivided two-way	
Divided with barrier	
Divided no barrier	
Other: _____	
Unknown	

I give consent for the Royal Canadian Mounted Police to release a copy of this statement. This information may be made available to the persons subject of this investigation or their counsel/agent acting on their behalf in any civil, criminal or administrative proceedings.

Signature

Witness

Date