



# MOTOR VEHICLE COLLISION STATEMENT

Cochrane RCMP Detachment

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Phone: 403.851.8000 / Fax: 403.932.2842

RCMP File Number: \_\_\_\_\_

PAT Collision Number: \_\_\_\_\_

Damage Sticker Number: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Time Reported: \_\_\_\_\_

AM / PM

Date of Collision: \_\_\_\_\_

Time Reported: \_\_\_\_\_

AM / PM

## DRIVER STATEMENT

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PRIMARY EVENT : Select 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 you speak with a RCMP officer at the time of the collision? Y / N

**DIAGRAM OF COLLISION (optional)**

**LOCATION OF COLLISION:** \_\_\_\_\_  
(City/Town/Village Hamlet/First Nation Reserve)

\_\_\_\_\_  
(Street Number) (Street/Highway / City / Postal Code)

At Intersection with: \_\_\_\_\_  
(Street/Highway / City / Postal Code)

If Not at Intersection: \_\_\_\_\_  
(Distance) (Unit) (Street)

**GPS COORDINATES:** \_\_\_\_\_  
(Latitude) (Longitude)

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

\_\_\_\_\_

**DRIVER INFORMATION**

Drivers Licence Number \_\_\_\_\_ Province of Issue: \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**VEHICLE INFORMATION**

Licence Plate Number: \_\_\_\_\_ Province/State: \_\_\_\_\_

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_ Estimated Damages: \_\_\_\_\_

**VEHICLE OWNER INFORMATION (IF DIFFERENT FROM THE DRIVER)**

**(Person Owned)**

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**(Business Owned)**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

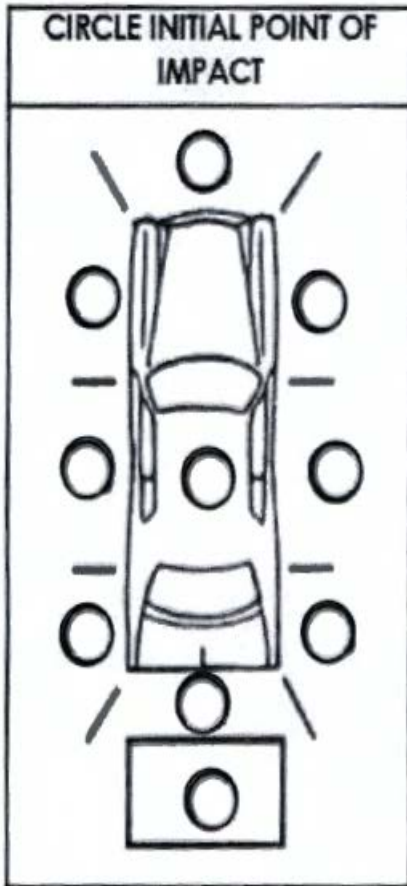
**VEHICLE INSURANCE INFORMATION**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**OTHER RELEVANT INFORMATION**

Were you wearing a seatbelt? Y / N  
 Were you injured? Y / N  
 Were you admitted into the hospital? Y / N  
 Were you distracted? Y / N  
 Was an animal involved? Y / N  
 Traveling Lane: \_\_\_\_\_  
 Direction of Travel: \_\_\_\_\_  
 Unsafe Speed? Y / N  
 Vehicle Repairable? 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: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position in the vehicle: \_\_\_\_\_ Were they injured? Y / N

Were they wearing a seatbelt? Y / N Were they admitted into the hospital? Y / N

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Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position in the vehicle: \_\_\_\_\_ Were they injured? Y / N

Were they wearing a seatbelt? Y / N Were they admitted into the hospital? Y / N

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Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position in the vehicle: \_\_\_\_\_ Were they injured? Y / N

Were they wearing a seatbelt? Y / N Were they admitted into the hospital? Y / N

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Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position in the vehicle: \_\_\_\_\_ Were they injured? Y / N

Were they wearing a seatbelt? Y / N Were they admitted into the hospital? Y / N

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Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position in the vehicle: \_\_\_\_\_ Were they injured? Y / N

Were they wearing a seatbelt? Y / N Were they admitted into the hospital? Y / N

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**OTHER DRIVER INFORMATION**

Drivers License Number: \_\_\_\_\_ Province of Issue: \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**VEHICLE INFORMATION**

Licence Plate Number: \_\_\_\_\_ Province/State: \_\_\_\_\_

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_ Estimated Damages: \_\_\_\_\_

**VEHICLE INSURANCE INFORMATION**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**WITNESS INFORMATION**

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**OTHER RELEVANT INFORMATION**

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

<b>ROAD ALIGNMENT (A)</b>	
Level	
Grade (hill)	
Hillcrest	
Sag (bottom of hill)	
Unknown	

<b>ROAD ALIGNMENT (B)</b>	
Straight	
Curve	
Unknown	

<b>ROAD CLASS</b>	
Undivided one-way	
Undivided two-way	
Divided with barrier	
Divided no barrier	
Other: _____	
Unknown	

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

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

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

I give consent to 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 of their counsel / agent acting on their behalf in any civil, criminal or administrative proceedings.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date