Vehicle Accident Report

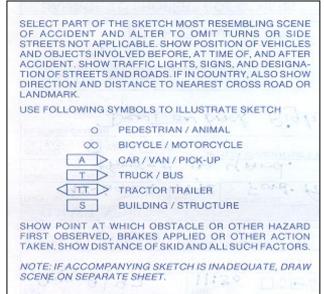
If the incident appears serious or if severe injury has occurred report immediately to Risk Management, Department of Finance, Iqaluit telephoned at (867) 975-5825 or faxed at (867) 975-5845 or email: riskmanagement@gov.nu.ca.

General		
Department:	Location:	Region:
Person Reporting:		Phone Nbr:
Email:	Title:	Fax Nbr::
Details of Accident		
Date:	Time:	Location:
Road Conditions:	Weather Conditions:	Speed:
RCMP Investigated:	Detachment:	Charges Laid:
If Yes, Describe:		
GN Vehicle		
Fleet Number:	Serial Number:	Licence Plate:
Year:	Make and Model:	
Purpose of Trip:		Authorized By:
Rented or Leased?	Owner Name and Address:	
Description of Damages:		
Estimate of Vehicle Damages:	Estimate of Damages to Non-Veh	icle Assets:
GN Driver		
Name:	Sex:	Age:
Address:	·	Driving Experience:
Licence Number:	Circle One: operator chauffeur	Number of Previous Accidents:
	,	,
Damage to the Property of Others		
Was it: Motor Vehicle / Fixed Object	Describe Object:	
Owner's Name:	Owner's Address:	Owner's Phone Number:
Estimate of Damage:	Describe Damage:	
lf a Motor Vehicle		
Make/Model/Year:	Serial Number:	Licence Plate:
Insurance Company:	Policy Number:	Agent:
Driver's Name:	Driver's Age:	Driver's Sex:
Driver's Licence Number:	Driver's Address:	Driver's Phone Number:
	•	•
Persons Involved in Accident		-
1st Witness Name:	Type: Passenger / Passive	Address:
Phone Number:	Age:	Sex:
Employer:	Injured: yes / no	Where taken? How?
2nd Witness Name:	Type: Passenger / Passive	Address:
Phone Number:	Age:	Sex:
Employer:	Injured: yes / no	Where taken? How?
3rd Witness Name:	Type: Passenger / Passive	Address:
Phone Number:	Age:	Sex:
Employer:	Injured: yes / no	Where taken?

Important: Please include a (signed) driver's statement and diagram of the accident.

Please attach any other pertinent details and the name of any person who may be able to provide additional information.

Driver's Signature	Date	



Drivers Statement

