



File #: _____

ECollision: _____

Royal Canadian Mounted Police

Beaumont Detachment, 5501 Magasin Avenue,
Beaumont, Alberta, Canada T4X 1V8
Ph: (780) 929-7410 Fax: (780) 929-1202

MOTOR VEHICLE COLLISION STATEMENT

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work/Cell Phone: _____

Birthdate: _____

Do you require Victim Services? (Please circle) Yes or No

COLLISION INFORMATION

Date of Collision: _____ Time: _____ Direction of Travel: _____

Location: _____

YOUR VEHICLE INFORMATION

Make: _____ Model: _____ Year: _____

Licence Plate: _____ Province: _____ Colour: _____

Describe other vehicle involved in collision:

Year: _____ Make: _____

Model: _____ License Plate: _____

Driver's Name: _____ Phone #: _____

Owner (If different from driver): _____

Do you have an independent witness? (NOT a passenger in your vehicle)

Name: _____ Phone #: _____

Describe the damage to your vehicle and type of damage (ie rear bumper large dent, tail light knocked out etc)

If no damage, write the point of impact:

Did you obtain an estimate of damages? Yes No

Amount: _____

Were you wearing a seat belt? Yes No

Did your airbags deploy? Yes No

Did you suffer any injuries? Yes No

If yes, please detail injury and treatment sought:

Prior to collision, I was travelling at approximately _____ kms/hr

What were you doing at the time of the accident? (ie: on cell, drinking coffee etc)

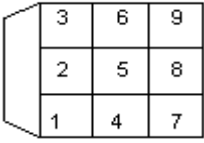



Weather: (circle one) Clear Raining Snowing Fog Other: _____

Road conditions: (circle one) Dry Wet Snowy Icy Other: _____

Lighting Conditions: (circle one) Darkness Daylight Dusk/Dawn

There were _____ passengers with me.

If you had passengers, please complete the following for each one:

	1	2	3	4
FULL Name				
Date of Birth				
Gender				
Complete Address				
Phone #				
Position in Vehicle				
Seatbelt	Yes/No	Yes/No	Yes/No	Yes/No
Type of Seatbelt?	Circle One: Lap/shoulder, Car seat, Lap only	Circle One: Lap/shoulder, Car seat, Lap only	Circle One: Lap/shoulder, Car seat, Lap only	Circle One: Lap/shoulder, Car seat, Lap only
Injury?	Yes/No	Yes/No	Yes/No	Yes/No
Describe injury				

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

Signature _____

Today's Date _____