



Driver's accident
report kit:

Trucking





Steps to follow in the event of an accident

1. Remain at the scene. Turn on four-way flashers, set out flares or reflectors.
2. Check for immediate danger, such as fuel spills.
3. Ensure that seriously injured parties are cared for. If necessary, call an ambulance.
4. Notify the police.
5. Notify your employer, and have your employer notify *Northbridge Insurance*™ immediately at 1.855.621.6262.
6. Have witness cards (included in the centre of this kit) filled out by anyone who saw the accident.
7. Complete this report at the scene of the accident.
8. If possible, take pictures of the scene. Do not take photographs of victims.
9. Do not discuss the accident with anyone except the police or a *Northbridge Insurance* representative.
10. Submit this report to your supervisor as soon as possible. Do not distribute or copy this report to others.

This report is to be completed at the scene of the accident by the driver. *Northbridge Insurance* Driver's Accident Report Kit and Accident and/or Cargo Loss Summary are for your internal records only and should not be submitted to *Northbridge Insurance*.* After any accident or loss, notify your employer and have them call *Northbridge Insurance* immediately at 1.855.621.6262

To order additional kits, please call 1.855.620.6262

➤ Driver information

Name: _____
Address: _____
Phone: (_____) _____
Licence #: _____
Expiration Date: _____
Province of issue: _____

➤ Owner information

Name: _____
Address: _____
Phone: (_____) _____
Policy #: _____
NSC/CVOR#: _____

➤ Vehicle information

Describe the unit or tractor that you were driving:
Year: _____ Make: _____
Colour: _____
VIN: _____
Unit #: _____
Describe the type of trailer(s) that you were pulling:
Year: _____ Make: _____
VIN: _____
Number of Trailers: _____

™ Trademarks used under licence from Northbridge Financial Corporation.

* Policies underwritten by Northbridge Commercial Insurance Corporation.



📄 Cargo loss information

Was the cargo damaged?

YES NO

Estimated value of the damage: \$ _____

Describe the damage to the cargo: _____

📄 Accident information

Date: _____

Time: _____

Number of vehicles involved: _____

Street name(s) where the accident occurred: _____

City: _____

Prov./State: _____

Landmarks: _____

In what direction were you travelling? _____

Just prior to the accident, at what speed were you travelling?

_____ km/h

_____ mph

Were your headlights on when the accident occurred?

YES NO

What lane were you in? (lane closest to the shoulder is Lane 1) _____

How many lanes wide is the road in one direction? _____

Were warning signals given prior to the accident occurring?

YES NO

If yes, what was the signal given and by whom? _____

📄 Road / weather condition

Describe the road conditions by checking one or more of the following:

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Grade _____ % | <input type="checkbox"/> Hill crest | <input type="checkbox"/> Wet |
| <input type="checkbox"/> Level | <input type="checkbox"/> Hilly | <input type="checkbox"/> Divided highway | <input type="checkbox"/> Dry |
| <input type="checkbox"/> Curve | <input type="checkbox"/> Debris/construction | <input type="checkbox"/> Oily | <input type="checkbox"/> Icy |
| <input type="checkbox"/> Marked lanes | <input type="checkbox"/> Pot holes | <input type="checkbox"/> Snowy | <input type="checkbox"/> Muddy |
| <input type="checkbox"/> Unmarked lane | <input type="checkbox"/> Other (describe): _____ | | |

Describe the traffic controls at the intersection by checking one or more of the following:

- | | |
|--|--|
| <input type="checkbox"/> Four-way stop | <input type="checkbox"/> Four-way traffic lights |
| <input type="checkbox"/> Stop signs at north/south sides | <input type="checkbox"/> Stop signs at east/west sides |
| <input type="checkbox"/> Traffic lights at north/south sides | <input type="checkbox"/> Traffic lights at east/west sides |

Other (describe): _____

Describe the traffic conditions just prior to the accident by checking one or more of the following:

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------|------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Heavy | <input type="checkbox"/> Light | <input type="checkbox"/> Stop & go | <input type="checkbox"/> Merging traffic |
|-------------------------------|--------------------------------|--------------------------------|------------------------------------|--|

Other (describe): _____

Describe the weather conditions just prior to the accident by circling one or more of the following:

- | | | | | |
|--------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Snow | <input type="checkbox"/> Fog | <input type="checkbox"/> Rain | <input type="checkbox"/> Sleet |
|--------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------------------|

Other (describe): _____

Describe the visibility just prior to the accident by circling one or more of the following:

- | | | | |
|-----------------------------------|-----------------------------------|---|-------------------------------|
| <input type="checkbox"/> Daylight | <input type="checkbox"/> Darkness | <input type="checkbox"/> Artificial light | <input type="checkbox"/> Dusk |
|-----------------------------------|-----------------------------------|---|-------------------------------|

Other (describe): _____

Accident specifics



Describe how the accident occurred

Please describe all the details of the accident (additional space is provided after this page if required):

Action or movement of the other vehicle	Vehicle 1	Vehicle 2	Vehicle 3
Driving straight ahead			
Turning right			
Turning left			
Making a U-turn			
Making a U-turn			
Lost control			
Stopped or parked			
Backing up			
Jack-knifed trailer			
Passing right side			
Passing left side			
Weaving			
Skidding			
On the wrong side			
Other (describe)			

Accident specifics



Witness information

Licence plate number of vehicles at the scene of the accident - but not involved in the accident - who could act as witnesses:

1. _____ 2. _____ 3. _____

Prov./State: _____ Prov./State: _____ Prov./State: _____

Third-party/other vehicle information - vehicle 1

Year: _____ Make: _____ Colour: _____ Plate #: _____

Driver's name: _____

Driver's address: _____

Driver's phone:(_____) _____ Driver's licence #: _____

Prov./State of issue: _____ Date of expiration: _____

Vehicle VIN: _____

Trailer(s) VIN: _____

Unit number: _____ Trailer number(s): _____

Owner/employer's name: _____

Owner/employer's address: _____

Owner/employer's phone:(_____) _____ No. of persons in vehicle: _____

Was anyone in the vehicle injured?

YES NO | driver passenger

Insurance company: _____ Policy #: _____

Third-party/other vehicle information - vehicle 2

Year: _____ Make: _____ Colour: _____ Plate #: _____

Driver's name: _____

Driver's address: _____

Driver's phone:(_____) _____ Driver's licence #: _____

Prov./State of issue: _____ Date of expiration: _____

Vehicle VIN: _____

Trailer(s) VIN: _____

Unit number: _____ Trailer number(s): _____

Owner/employer's name: _____

Owner/employer's address: _____

Owner/employer's phone:(_____) _____ No. of persons in vehicle: _____

Was anyone in the vehicle injured? YES NO | driver passenger

Insurance company: _____ Policy #: _____

Police information

Were the police present at the accident? YES NO

Officer #1 name: _____ Badge number: _____

Officer #2 name: _____ Badge number: _____

Name of police agency: _____ Phone: (_____) _____

Report #: _____ Was anyone arrested? YES NO

Name of person arrested: _____

Witness card # 1

If you were a witness to this accident, please complete this card and return it to the driver.

Name: _____

Address: _____

Prov./State: _____ Phone: (_____) _____

Did you see the accident occur? _____

Please describe where you were when the accident occurred: _____

What do you think caused this accident? _____

Thank you for your assistance



Witness card # 2

If you were a witness to this accident, please complete this card and return it to the driver.

Name: _____

Address: _____

Prov./State: _____ Phone: (_____) _____

Did you see the accident occur? _____

Please describe where you were when the accident occurred: _____

What do you think caused this accident? _____

Thank you for your assistance



Witness card # 3

If you were a witness to this accident, please complete this card and return it to the driver.

Name: _____

Address: _____

Prov./State: _____ Phone: (_____) _____

Did you see the accident occur? _____

Please describe where you were when the accident occurred: _____

What do you think caused this accident? _____

Thank you for your assistance



Additional notes

A large rectangular area with an orange border, intended for additional notes. The top-left corner of the box is cut off by a small triangle pointing upwards.