

Collision report form

A: Other vehicle owner		
Name	Phone number	Driver's licence/customer number
Address		Vehicle licence plate number/province
Insurance company		Policy number

B: Other driver (if different from vehicle owner)	
Name	Driver's licence/customer number
Address	Phone number

C: Witnesses	
1. Name	Phone number
Address	
2. Name	Phone number
Address	

D: Collision information	
Location	
Date	Time
Vehicle towed by whom	Phone number
Vehicle towed where	Phone number

Note: Photos of the scene and vehicle positions, signage and/or location of any traffic controls governing the intersection are helpful for your adjuster.