



## DRIVER'S ACCIDENT REPORT KIT

### 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 Markel immediately at 1•888•MARKEL•1.
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 Markel 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. Markel's *Driver's Accident Report Kit* and *Accident and/or Cargo Loss Summary* are for your internal records only and should not be submitted to Markel. After any accident or loss, notify your employer and have them call Markel immediately at 1•888•MARKEL•1**

To order additional kits, please call 1•888•MARKEL•1.

## Driver Information

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

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

Phone: (        ) \_\_\_\_\_ License #: \_\_\_\_\_

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: \_\_\_\_\_

## 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 Conditions

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

Straight	Grade _____ %	Hill crest	Wet
Level	Hilly	Divided highway	Dry
Curve	Debris/construction	Oily	Icy
Marked lanes	Pot holes	Snowy	Muddy
Unmarked lane	Other (describe) _____		

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

Four-way stop	Four-way traffic lights
Stop signs at north/south sides	Stop signs at east/west sides
Traffic lights at north/south sides	Traffic lights at east/west sides
Other (describe): _____	

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

None	Heavy	Light	Stop & go	Merging traffic
Other (describe): _____				

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

Clear	Snow	Fog	Rain	Sleet
Other (describe): _____				

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

Daylight	Darkness	Artificial light	Dusk
Other (describe): _____			

## Describe how the Accident Occurred

Using the space below, sketch how the accident occurred. **Please indicate your position prior to impact, the point of impact and your final resting point.** Mark your vehicle as 'Vehicle A', and all other vehicles involved as Vehicles 1, 2, 3, etc. Please indicate the direction in which you were travelling. Include street names, street signals and stop signs in your sketch.



Please describe the movements or actions of the other vehicles involved in the accident by checking the appropriate box(es).

Action or movement of the other vehicles	Vehicle 1	Vehicle 2	Vehicle 3
Driving straight ahead			
Turning right			
Turning left			
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)			

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Witness information** (to be collected by the driver)

License 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: _____





### 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*