CARRY THIS REPORT IN YOUR VEHICLE AT ALL TIMES

**DRIVER’S REPORT OF ACCIDENT** *(Fill out at scene of accident)*

* As of January 1, 1998, Ontario’s Highway Traffic Act requires motorists to report all accidents involving property damage that collectively exceeds $1,000. Reports are to be made at a Collision Reporting Centre.
* You must call Metropolitan Toronto Police Emergency Number if there is any personal injury.
* Complete this form and report to Risk Management and Insurance Department at 215 Huron Street, Room 300.
* DO NOT ADMIT LIABILITY or discuss accident with anyone other than Police or University representatives.

Metropolitan Toronto Police **EMERGENCY NUMBER** *(Police / Ambulance / Fire) ......................... 911*
Non-Emergency Number ............................... (416) 808-2222
UofT Police .............................................. (416) 978-2222
UofT Claims Administrator ............................ (416) 978-7484

**Accident Details** - Describe briefly what happened and location of loss

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Illustrate position of cars at time of collision. Show skid marks.
If any street is more than two-lane or is one-way only, please indicate, show street names, traffic lights, stop signs, direction of travel, etc.

Show cars thus:  **You** -  ①  **Other(s)** -  ②③  **Show North Direction**  ➔ N  

**Sketch of Accident**
**DRIVER’S REPORT OF ACCIDENT** *(Fill out at scene of accident)*

**University of Toronto Vehicle and Driver Information**

- Name: 
- Department: 
  - Work # 
  - Home # 
- Department that owns vehicle: 
  - License plate # 
- Vehicle make: 
  - Serial # 

**Details of Other Party & Vehicle Involved**

- Driver’s name: 
- Address: 
- Driver’s license # 
  - License plate # 
- Vehicle make: 
  - Model: 
  - Year: 
- Insurance company name: 
- Name of owner of vehicle (if different from driver): 
- Address of owner: 
- Apparent damage to other vehicle or property:

**Other Information**

- Weather conditions: 
  - Speed of your car: 
- Road conditions: 
  - Speed of other car: 
- Investigating Officer (if applicable): 
- Badge No.: 
  - Detachment: 
- Witnesses: 
  - Phone: 
  - Address: 
  - Phone: 
  - Address: 

**Signature:** 

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Room 300 ◆ 215 Huron Street ◆ Toronto ◆ Ontario ◆ M5S 1A2 ◆ Telephone (416) 978-7484 ◆ Fax (416) 971-3061