



# University of Toronto

BUSINESS AFFAIRS DIVISION - Risk Management and Insurance Department

## 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

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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

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**CARRY THIS REPORT IN YOUR VEHICLE AT ALL TIMES**

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

Date: \_\_\_\_\_

**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:** \_\_\_\_\_ **Date:** \_\_\_\_\_