



# Western Vehicle – ACCIDENT REPORTING FORM

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To be completed at the scene. (**Important: Do not admit liability or discuss any settlement.**)

If there are personal injuries or severe damage to the vehicle, call 911.

If vehicle is drivable and if it's safe to do so, pull to the side of road away from traffic.

Put out beacons or flares if available.

If you have a camera, record the damages at the scene.

Complete a detailed description of the accident and record all relevant information on this form.

**File this report to the Western Corporate Insurance office within 24 hours.**

**File a report with the London Police Reporting Centre, 1001 Brydges Street London, if necessary.**

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Western Vehicle Involved: \_\_\_\_\_

Make/Model/Year of Western Vehicle: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Your Speed at Time of Accident: \_\_\_\_\_ kms

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

Department: \_\_\_\_\_ Phone No.: \_\_\_\_\_

License No.: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_ Road Conditions: \_\_\_\_\_

Details of any Injuries: \_\_\_\_\_

Names/Addresses of any Injured Persons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of What Occurred: (please provide as much detail as possible)

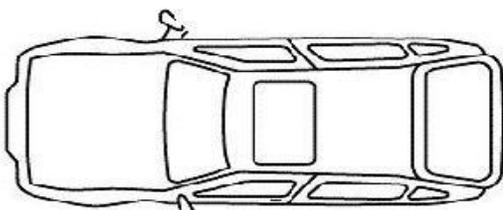
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\_\_\_\_\_

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<b>Witness #1:</b> Name, Address, Phone No. _____ _____ _____ License Plate No.: _____	<b>Witness #2:</b> Name, Address, Phone No. _____ _____ _____ License Plate No.: _____
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**Other Vehicle #1 or Property Involved:**  
Driver's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
Driver's & Owner's Address: \_\_\_\_\_  
\_\_\_\_\_  
License Plate No.: \_\_\_\_\_  
Make/Model/Year of Vehicle: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**Other Vehicle #2 or Property Involved:**  
Driver's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
Driver's & Owner's Address: \_\_\_\_\_  
\_\_\_\_\_  
License Plate No.: \_\_\_\_\_  
Make/Model/Year of Vehicle: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

<b>Western Accident Report No.</b> _____ <b>Collision Report Incident No.</b> _____	<p>INDICATE AREA OF DAMAGE</p> 
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