

What to do After an Auto Accident

Remember...

- ✓ Stay calm
- ✗ Don't assume responsibility
- ✗ Don't argue with other drivers
- ✗ Don't sign anything
- ✗ Don't let tow truck operators pressure you into immediate payment

Step 1: STOP. If your vehicle is involved in an accident and you don't stop, you may be subject to criminal prosecution.

Step 2: DO NOT TRY TO MOVE ANYONE INJURED. IF the total damage to all vehicles appears to be MORE than \$1,000, or IF you suspect any other driver to be guilty of a Criminal Code offence (such as driving under the influence of drugs or alcohol), call 911. IF no one is injured and total damage appears to be less than \$1,000, call local police for instructions. Police may or may not be dispatched. If police do not attend, you will be instructed to report to a Collision Reporting Centre within 24 hours. Call 416-745-3301 to locate the nearest Centre. If there is no Collision Reporting Centre in the area of the accident, you will be asked to go to the nearest police station to file a report.

Step 3: If it is safe to do so, move your vehicle out of traffic. If your vehicle cannot be driven, turn on your hazard lights or use cones or other warning indicators.

Step 4: On page 2: write down the names, addresses, telephone numbers and drivers licence numbers of all the other drivers, the licence plate numbers of all other vehicles, as well as the names and addresses of the registered owners of the vehicles, as well as the insurance information for each of the other vehicles.

Step 5: Obtain the names, addresses and telephone numbers of passengers and witnesses and fill out on page 2.

Step 6: Record specific details about the accident scene using the accident worksheet attached.

Step 7: Report accident to McFarlan Rowlands (888-734-8888) as soon as possible.

| Other Vehicle Information: | |
|--------------------------------|----------------------|
| Drivers Name: | |
| Address: | Home Phone: |
| | Business Phone: |
| Drivers License No.: | Vehicle Plate No.: |
| Vehicle Make and Colour: | |
| Registered Owner of Vehicle: | |
| Vehicle Identification Number: | |
| Insurance Company: | |
| Insurance Policy No.: | Expiry Date: |
| Damage to Vehicle: | |
| | |
| | |
| | |
| | |
| Number of Passengers: | |
| Names: | Position in Vehicle: |
| | |
| | |
| | |
| | |
| Witnesses: | |
| Name: | |
| Address: | Home Phone: |
| | Business Phone: |
| Name: | |
| Address: | Home Phone: |
| | Business Phone: |
| Name: | |
| Address: | Home Phone: |
| | Business Phone: |
| Attending Police Office | |
| Name: | |
| Badge No.: | Division: |
| Business Phone: | |
| Tow Truck Operator: | |
| Company's Name: | |
| Driver's Name: | |
| Truck No.: | Business Phone: |
| Address Towed To: | |

Accident Worksheet:

| | |
|------------------|---|
| Date: | Time: |
| Location: | Weather Conditions: |
| Road Conditions: | Estimated Speed of Vehicles (s): <hr/> <hr/> <hr/> <hr/> |

Description of Accident:

Diagram:

A Your Vehicle

B Other Vehicles

C

Sketch of the accident scene