



Motor Vehicle Collision Statement

K Division

This information is being collected for the purpose of gathering additional or supplemental information from persons who have knowledge of an accident. The information is collected and is disclosed in accordance with the *Traffic Safety Act, Operator and Vehicle Licensing Control Regulation*, and the *Freedom of Information and Protection of Privacy Act*. Contact Alberta Transportation at (780) 427-8901 or toll free at 310-0000.

To obtain a copy of your collision report, please visit Alberta Transportation website.

Date of Statement (yyyy-mm-dd)	Time (hh:mm)	File No.	Investigator Name
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Statement Provider

Full Name		Date of Birth (yyyy-mm-dd)	
Address			
Home Telephone No. (include area code)	Work Telephone No. (include area code)	Cell Phone No. (include area code)	
Home Email Address		Work Email Address	
Driver's Licence No.	Province Issued	Class	Expiry Date (yyyy-mm-dd)

Driver Information

Occupant Ejection			
<input type="radio"/> Not Ejected	<input type="radio"/> Partially Ejected	<input type="radio"/> Ejected	<input type="radio"/> Unknown
<input type="radio"/> Not Applicable			
Safety Equipment Used			
<input type="radio"/> Lab Belt Only	<input type="radio"/> Lap/Shoulder Belt Assembly	<input type="radio"/> Shoulder Belt Only (i.e. automatic belt)	<input type="radio"/> Lap/Shoulder with Airbag
<input type="radio"/> Airbag	<input type="radio"/> None	<input type="radio"/> Unknown	
Injury Severity			Date of Death (yyyy-mm-dd)
<input type="radio"/> None	<input type="radio"/> Minor (treated but not admitted to hospital)	<input type="radio"/> Major (admitted to hospital)	<input type="radio"/> Fatal (death within 30 days)
Special Study on Driver Distraction			
<input type="radio"/> Apparently not distracted	<input type="radio"/> Using hand-held cell phone or other hand-held electronic device		
<input type="radio"/> Reading, writing, printing, sketching, grooming	<input type="radio"/> Using hands-free cell phone or other hands-free electronic device		
<input type="radio"/> Other	<input type="radio"/> Unknown		

Passenger Information

How many passengers were in the vehicle?
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Collision Details

Involvement (please choose the option which best describes your situation)
 Registered Owner Driver Passenger Motorcyclist Bicyclist Pedestrian Other specify:

Date of Collision (yyyy-mm-dd)	Day of the Week	Time (hh:mm)
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Address / Intersection where Collision Occurred (as detailed as possible)	Nearest Town / City
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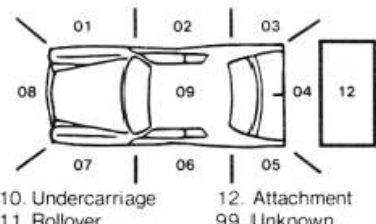
Statement Provider was <input type="radio"/> Driving <input type="radio"/> Parked	Was there a police officer at the scene? <input type="radio"/> Yes <input type="radio"/> No	Was this a hit and run? <input type="radio"/> Yes <input type="radio"/> No
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Travelling Lane
 Lane 1 from median Lane 2 from median Lane 3 from median Lane 4 from median Lane 5 from median Unknown

Direction of Travel
 North East South West Northeast Northwest Southeast Southwest Unknown

Initial Point of Impact

<input type="radio"/> 01-Front Passenger	<input type="radio"/> 02-Passenger	<input type="radio"/> 03-Rear Passenger	<input type="radio"/> 04-Rear
<input type="radio"/> 05-Rear Driver	<input type="radio"/> 06-Driver	<input type="radio"/> 07-Front Driver	<input type="radio"/> 08-Front
<input type="radio"/> 09-Roof	<input type="radio"/> 10-Undercarriage	<input type="radio"/> 11-Rollover	<input type="radio"/> 12-Attachment
<input type="radio"/> 99-Unknown			



10. Undercarriage
11. Rollover
12. Attachment
99. Unknown

Object Identification

<input type="radio"/> Passenger Car	<input type="radio"/> Pick-up/Van < 4500 kg	<input type="radio"/> Mini-Van / MPV / SUV	<input type="radio"/> Truck > 4500 kg	<input type="radio"/> Truck Tractor
<input type="radio"/> School Bus	<input type="radio"/> Transit Bus	<input type="radio"/> Intercity Bus	<input type="radio"/> Other Bus	<input type="radio"/> Motorhome
<input type="radio"/> Emergency Vehicle	<input type="radio"/> Unknown			

Driver Action

<input type="radio"/> Driving Properly	<input type="radio"/> Stop Sign Violation	<input type="radio"/> Yield Sign Violation	<input type="radio"/> Fail to Yield Row Uncontrolled
<input type="radio"/> Fail to Yield Row Pedestrian	<input type="radio"/> Followed Too Closely	<input type="radio"/> Backed Unsafely	<input type="radio"/> Left Turn Across Path
<input type="radio"/> Improper Lane Change	<input type="radio"/> Disobey Traffic Signal	<input type="radio"/> Ran Off Road	<input type="radio"/> Improper Turn
<input type="radio"/> Left of Centre	<input type="radio"/> Improper Passing	<input type="radio"/> Unknown	

Light Conditions (A)
 Daylight Sun glare Darkness Unknown

Light Conditions (B)
 No Artificial Light Artificial Light Unknown

Traffic Control Device

<input type="radio"/> None Present	<input type="radio"/> Traffic Signal / Lights	<input type="radio"/> Stop Sign	<input type="radio"/> Yield Sign	<input type="radio"/> Merge Sign
<input type="radio"/> Pedestrian Cross Walk	<input type="radio"/> School Bus	<input type="radio"/> Lane Control Signal	<input type="radio"/> Railroad Crossing	<input type="radio"/> Unknown

Traffic Device Condition
 Functioning Not Functioning Obscured Missing Unknown

Driver/Pedestrian Condition

<input type="radio"/> Apparently Normal	<input type="radio"/> Had Been Drinking	<input type="radio"/> Impaired by Alcohol	<input type="radio"/> Impaired by Drugs
<input type="radio"/> Impaired by Drugs and Alcohol	<input type="radio"/> Fatigued / Asleep	<input type="radio"/> Medical Defect	<input type="radio"/> Unknown

Contributing Road Condition

<input type="radio"/> No Unusual Condition	<input type="radio"/> Under Construction/Maintenance	<input type="radio"/> Holes / Ruts / Bumps	<input type="radio"/> Slippery When Wet
<input type="radio"/> Oily Pavement	<input type="radio"/> Soft / Sharp Shoulder	<input type="radio"/> Unknown	

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Date of Statement (yyyy-mm-dd)		Time (hh:mm)		File No.		Investigator Name	
Manoeuvre <input type="radio"/> Post-Collision Manoeuvre <input type="radio"/> Parked <input type="radio"/> Passed Manoeuvre <input type="radio"/> Being Passed <input type="radio"/> Merging <input type="radio"/> Diverging <input type="radio"/> Avoiding a Vehicle <input type="radio"/> Avoiding Other Objects <input type="radio"/> Other Lane-Changing Manoeuvre <input type="radio"/> Backing <input type="radio"/> Making a U-turn <input type="radio"/> Making a Left Turn <input type="radio"/> Making a Right Turn <input type="radio"/> Stopping / Stopped in Traffic <input type="radio"/> Moving Ahead <input type="radio"/> Unusual Manoeuvre <input type="radio"/> Unknown							
Load Details (A) <input type="radio"/> Loaded <input type="radio"/> Unloaded <input type="radio"/> Not Applicable <input type="radio"/> Unknown							
Load Details (B) <input type="radio"/> Load Not Spilled <input type="radio"/> Load Spilled <input type="radio"/> Not Applicable <input type="radio"/> Unknown							
Attachments <input type="radio"/> Recreation Trailer <input type="radio"/> Small Utility Trailer <input type="radio"/> Farm Equipment <input type="radio"/> Towed Motor Vehicle							
Vehicle Condition Contributing Factors <input type="radio"/> No Apparent Defect <input type="radio"/> Defective Brakes <input type="radio"/> Tires Failed <input type="radio"/> Improper Load / Shift <input type="radio"/> Lighting Defect <input type="radio"/> Unknown							
Unsafe Speed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				Vehicle Appears Repairable <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
Special Facility <input type="radio"/> Not Applicable <input type="radio"/> Interchangeable Ramp <input type="radio"/> Interchangeable Loop <input type="radio"/> Bridge/ Overpass <input type="radio"/> Tunnel / Underpass <input type="radio"/> Private Driveway <input type="radio"/> Traffic Circle <input type="radio"/> Service Road <input type="radio"/> Parking Lot <input type="radio"/> Divided Highway Crossover							
Road Alignment (A) <input type="radio"/> Level <input type="radio"/> Grade <input type="radio"/> Hillcrest <input type="radio"/> Sag (bottom of hill) <input type="radio"/> Unknown							
Road Alignment (B) <input type="radio"/> Straight <input type="radio"/> Curve <input type="radio"/> Unknown							
Road Class <input type="radio"/> Undivided One-Way <input type="radio"/> Undivided Two-Way <input type="radio"/> Divided With Barrier <input type="radio"/> Divided No Barrier <input type="radio"/> Unknown <input type="radio"/> Other specify:							
Collision Location <input type="radio"/> Non-intersection <input type="radio"/> Intersection / Intersection-Related <input type="radio"/> At / Near Railroad Crossing <input type="radio"/> Unknown							
Environmental Condition <input type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Hail / Sleet <input type="radio"/> Snow <input type="radio"/> Fog / Smog / Smoke / Dust <input type="radio"/> High Wind <input type="radio"/> Unknown							
Surface Condition <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Slush / Snow / Ice <input type="radio"/> Loose Surface Material <input type="radio"/> Muddy <input type="radio"/> Unknown							
Animal Details							
Did the collision involve an animal? <input type="radio"/> Yes <input type="radio"/> No							
If the collision involved an animal, please explain (this field expands)							
Other Vehicle Details							
Did the collision involve another vehicle? <input type="radio"/> Yes <input type="radio"/> No							
Vehicle Year	Vehicle Make	Vehicle Model	Colour	Licence Plate No.	Province of Licence Plate		
Driver's Name			Driver's Licence No.		Province Issued		
Address					Phone No. (include area code)		
Insurance Company Name of Other Vehicle			Policy No.		Insurance Expiry Date (yyyy-mm-dd)		

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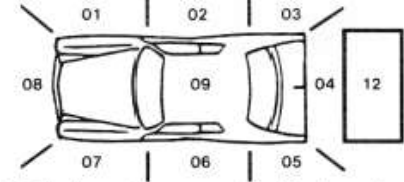
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Date of Statement (yyyy-mm-dd)	Time (hh:mm)	File No.	Investigator Name
Direction of Travel of Other Vehicle	Signal Devices Used in Vehicle		Estimated Speed of Vehicle (km/hr)

Other Details Received (this field expands)

Explanation of Point of Impact / Damage on Other Vehicle

- 01-Front Passenger
- 02-Passenger
- 03-Rear Passenger
- 04-Rear
- 05-Rear Driver
- 06-Driver
- 07-Front Driver
- 08-Front
- 09-Roof
- 10-Undercarriage
- 11-Rollover
- 12-Attachment
- 99-Unknown



10. Undercarriage
11. Rollover
12. Attachment
99. Unknown

Point of Impact / Damage on Other Vehicle

Statement

It is unlawful to make a false statement. In the field below, please describe how the collision occurred and what action you took before and after the collision. If this was a hit and run, please describe the vehicle or driver.

Details of Collision (this field expands)

Any information you provide may be used for civil, criminal or administrative proceedings. Do you understand? Yes No

I consent to the investigating law enforcement agency releasing a copy of this statement to any person, agency, or other entity upon request. Yes No

Signature of Driver/Owner	Date (yyyy-mm-dd)
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