BRITISH COLUMBIA

VEHICLE ACCIDENT REPORT

GOVERNMENT OWNED, LEASED OR RENTED VEHICLE

UAB Accident No.

- **Call Underwriters Adjustment Bureau Ltd. (UAB) at 1 800 263-5361.**
- Call POLICE in cases of injury or death, total damage exceeding $1,000, ($600 if motorcycle involved), hit and run over $150.
- Report to ICBC in cases of injury or death, vehicle or property damage to others, hit and run over $350.
- Complete this report within 48 hours and fax copy to:
  1. UAB at 514 342-5474 2. Original as required by your ministry

Freedom of Information and Protection of Privacy Act
The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Administration Act*. Questions about the collection and use of this information can be directed to the Manager, Claims and Litigation Management, at 250 953-4707, PO Box 9405 Stn Prov Govt, Victoria BC V8W 9V1.

TIME AND LOCATION

DATE OF ACCIDENT YYYY / MM / DD | TIME ☐ AM ☐ PM | CITY OR NEAREST PLACE | STREET NAME

AT OR BETWEEN

STREET AND OR _____ KILOMETRES FROM

VEHICLE A — Your Vehicle

VEHICLE UNIT NO. | VEHICLE LICENCE PLATE NO. | VEHICLE REGISTRATION NO. | RENTAL? ☐ YES ☐ NO | AGENCY NAME

VEHICLE TYPE | YEAR & MAKE

DRIVEN BY – *LAST NAME/FIRST NAME* | MINISTRY | BRANCH | LOCATION | TELEPHONE NO. ( )

DRIVER'S LICENCE NO. | MINISTRY PERMIT NO. | NO. OF YEARS DRIVING EXPERIENCE | DESCRIBE DAMAGE | DAMAGE ESTIMATE $

VEHICLE B — The other vehicle (or property if no other vehicle involved)

VEHICLE LICENCE NO. | YEAR & MAKE | VEHICLE TYPE

OWNED BY – *Last name/First name* | ADDRESS | POSTAL CODE | TELEPHONE NO. ( )

DRIVEN BY – *Last name/First name* | ADDRESS | POSTAL CODE | TELEPHONE NO. ( )

DRIVER'S LICENCE NO. | DESCRIBE DAMAGE TO OTHER VEHICLE OR PROPERTY | DAMAGE ESTIMATE $

WITNESSES

NAME – *Last name/First name*	ADDRESS	POSTAL CODE	TELEPHONE NO.	IN A	IN B	OTHER
1.			( )	☐	☐	☐
2.			( )	☐	☐	☐
3.			( )	☐	☐	☐

INJURED

NAME – *Last name/First name*	ADDRESS	POSTAL CODE	NATURE OF INJURY (INDICATE IF FATAL)	AGE	GENDER			
1.						☐	☐	☐
2.						☐	☐	☐
3.						☐	☐	☐

WHICH INJURED PERSONS WERE HOSPITALIZED? ☐ 1 ☐ 2 ☐ 3 | NAME OF HOSPITAL | BY AMBULANCE, PASSER-BY ETC.

INSURANCE

COMPLETE THIS SECTION IF VEHICLE B **NOT** INSURED BY ICBC

POLICY NO. | EXPIRY DATE YYYY / MM / DD | POLICY ISSUED BY (INSURER)

NAME OF AGENT | ADDRESS | POSTAL CODE

INSURANCE ICBC

CLAIM NO. | DATE REPORTED YYYY / MM / DD | ADJUSTER'S NAME | ADJUSTER'S PHONE NO. ( ) | REPORTED TO ICBC? ☐ YES ☐ NO

GENERAL

WERE THE POLICE NOTIFIED? ☐ YES ☐ NO | POLICE ATTENDED ACCIDENT SCENE? ☐ YES ☐ NO | NAME OF FORCE / DETACHMENT | CASE NO.

WERE CHARGES LAID OR A TRAFFIC VIOLATION REPORT ISSUED? ☐ YES ☐ NO | AGAINST WHOM? ☐ DRIVER A ☐ DRIVER B | ESTIMATED SPEED IN KPH VEHICLE A | VEHICLE B

INDICATE WHAT PURPOSE YOUR VEHICLE WAS BEING USED FOR AT THE TIME OF THE ACCIDENT | USED ON GOVERNMENT BUSINESS? ☐ YES ☐ NO

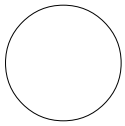
SUPERVISOR'S COMMENTS – *attach extra sheet if necessary* | SUPERVISOR'S SIGNATURE

DATE SIGNED YYYY MM DD

NOTE: PLEASE COMPLETE REVERSE SIDE OF THIS REPORT

DRAW A SKETCH MAP OF THE ACCIDENT SCENE

Indicate with lines and arrows the path of vehicles and pedestrians. Show measurements to side of road and centre line. Indicate if road is one or more lanes. Show direction and distance to nearest towns, cross road or landmark.



Show North by an arrow

DRIVER'S STATEMENT – *Attach extra sheet if necessary*

NAME OF DRIVER OR PERSON FILING REPORT – *Please print* SIGNATURE DATE SIGNED YYYY MM DD

INDICATE WITH AN 'X' each item that applies to this accident or describes related conditions

Road Surface

- ☐ 1 Dry
- ☐ 2 Wet
- ☐ 3 Muddy
- ☐ 4 Snowy
- ☐ 5 Icy
- ☐ 6 Loose Sand or Gravel

Road Conditions

- ☐ 1 Defect in Road
- ☐ 2 Under Repair
- ☐ 3 Obstruction
- ☐ 4 Normal
- ☐ 5 Other

Type of Road

- ☐ 1 Concrete
- ☐ 2 Asphalt
- ☐ 3 Gravel
- ☐ 4 Earth
- ☐ 5 Other

Weather

- ☐ 1 Clear
- ☐ 2 Cloudy
- ☐ 3 Fog
- ☐ 4 Rain
- ☐ 5 Snow
- ☐ 6 Smoke / Dust
- ☐ 7 Temperature _____°C

Vehicle 'A' Condition

- ☐ 1 Chains on Rear
- ☐ 2 Chains on Front
- ☐ 3 Snow Tires on Rear
- ☐ 4 Snow Tires on Front
- ☐ 5 In Four Wheel Drive
- ☐ 6 In Gear Which Gear? _____
- ☐ 7 Mechanical Defect
- ☐ 8 Other

Vehicle 'A' Seat Belts

Y N

- ☐☐ 1 Installed?
- ☐☐ 2 In Use?

Vehicle 'B' Condition

- ☐ 1 Chains on Rear
- ☐ 2 Chains on Front
- ☐ 3 Snow Tires on Rear
- ☐ 4 Snow Tires on Front
- ☐ 5 In Four Wheel Drive
- ☐ 6 In Gear Which Gear? _____
- ☐ 7 Mechanical Defect
- ☐ 8 Other

Vehicle 'B' Seat Belts

Y N

- ☐☐ 1 Installed?
- ☐☐ 2 In Use?

Railroad Crossing

- ☐ 1 Gates Not Down
- ☐ 2 Guarded Crossing Man on Duty
- ☐ 3 Automatic Signal
- ☐ 4 Unguarded Crossing
- ☐ 5 Driver Disregarded Signal
- ☐ 6 Signal Not Given

Emergency Vehicle

Y N

- ☐☐ 1 Vehicle A?
- ☐☐ 2 Siren in use?
- ☐☐ 3 Roof Flashers?

Pedestrian Action

- ☐ 1 Crossing Intersection With Signal
- ☐ 2 Crossing Intersection Against Signal
- ☐ 3 Crossing Intersection No Signals
- ☐ 4 Crossing Intersection Diagonally
- ☐ 5 Crossing Between Intersections
- ☐ 6 Standing in Safety Zone
- ☐ 7 Standing on Sidewalk
- ☐ 8 Getting out of or into another vehicle
- ☐ 9 Children Playing on Hwy
- ☐ 10 At Work in Roadway
- ☐ 11 Riding / Hitching on Vehicle
- ☐ 12 Walking on Rural Highway or Bridge
- ☐ 13 Coming From Behind Parked Vehicle
- ☐ 14 Coming From Behind Moving Vehicle or Object
- ☐ 15 Crossing Highway

CAUSE OF ACCIDENT ***(FOR UAB / RISK MANAGEMENT USE ONLY)***

- ☐ 1 Single Vehicle-Lost Control
- ☐ 2 Vehicle B Rear-Ended Vehicle A
- ☐ 3 Vehicle B hit Parked Vehicle A
- ☐ 4 Vehicle B Failed to Yield-intersection
- ☐ 5 Vehicle B Failed to Yield-non-intersection
- ☐ 6 Impact with Animal
- ☐ 7 Hit and Run
- ☐ 8 Vehicle A Rear-Ended Vehicle B
- ☐ 9 Vehicle A hit Parked Vehicle B
- ☐ 10 Vehicle A Failed to Yield
- ☐ 11 Vehicle A Ran Away (unattended)
- ☐ 12 Vehicle A backed into Vehicle B or other property
- ☐ 13 Vehicle A (not backing) hit building or fixed object
- ☐ 14 Vehicle A hit Pedestrian or Cyclist
- ☐ 15 Overturn
- ☐ 16 Head-on
- ☐ 17 Falling / Flying Object hit Vehicle A
- ☐ 18 Other (specify):