



North East School Division No. 200

Accident Information Report (On Scene)

Accident Details

Date: _____ Time: _____ AM PM
Weather Conditions: _____ Road Conditions: _____
Location of Accident: _____
Police Investigation: YES NO Report No. _____
Description of Accident: _____

Driver and Vehicle Information

Name: _____ Driver's License: _____
Phone: _____ Email: _____
Plate: _____ Make: _____ Model: _____ Year: _____
Passenger(s): YES NO
Name: _____ Phone: _____
Name: _____ Phone: _____
Describe Vehicle Damage _____

Other Driver and Vehicle Information

Name: _____ Driver's Licence: _____
Phone: _____ Email: _____
Plate: _____ Make: _____ Model: _____ Year: _____
Passenger(s): YES NO
Name: _____ Phone: _____
Name: _____ Phone: _____
Describe Vehicle Damage _____

Injuries

Name: _____ Phone: _____
Address: _____
Describe Injury: _____

Witnesses (Other than passengers)

Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____

****In addition please take pictures of the accident scene and the vehicles involved including license plates. ****

***Purpose of this form is to help guide you when collecting all information on the scene. It is not a required form. ***