

Vehicle Accident Checklist and Report

Keep this in your vehicle.



ACCIDENT CHECKLIST

- Shut off the engine
- Call the **police** and an **ambulance** if necessary
- Fill out the following accident report
- Do not admit liability
- If possible **take photos** of the accident scene (up close and also from a distance) prior to moving vehicles. **Please ensure the safety of yourself and others at all times.**
- It can also be helpful to take photos of the other person's documents** such as driver's licence, insurance card and vehicle registration.
- Call your insurance company directly or Riverstone Insurance (403-678-5122 or Toll Free 1-844-678-5122) to report the incident.**

ACCIDENT REPORT

Date: _____

Time: _____ am pm

Notes: (Use this space for notes or draw a diagram of the accident)

Location and Description of Accident:

Other Driver and Vehicle Information

Driver's Name: _____

Address: _____

Phone #: _____

Drivers Licence #: _____

Policy #: _____

Insurance Company: _____

Licence Plate: _____ Province: _____

Year: _____ Make: _____ Model: _____

Other Driver & Vehicle Information (if 3rd vehicle is involved)

Driver's Name: _____

Address: _____

Phone #: _____

Drivers Licence #: _____

Policy #: _____

Insurance Company: _____

Licence Plate: _____ Province: _____

Year: _____ Make: _____ Model: _____

Witness Information (Not involved in the accident)

Witness Name: _____

Address: _____

Phone: _____

Witness Information (Not involved in the accident)

Witness Name: _____

Address: _____

Phone: _____