

APPENDIX 16: *VEHICLE ACCIDENT REPORTING FORM*

To be completed by any employee who is involved in a motor vehicle accident with a Lifetime Networks owned vehicle, or with their own vehicle while on Lifetime Networks business.

Driver's (employee) Name:				
Driver's License No.:				
Date of Accident		Time of Accident:		
Location of Accident:				
Describe Damage and \$ Estimate (vehicle and property):				
Police Notified:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Police Attended:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Force:				
Police Report No.:				
Fire Attended:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ambulance Attended:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Vehicle "A" Details (Your Vehicle)				
Owner Lifetime Networks:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'No' Owner Details				
Owned by (full name):				
Full Address:				
Home Telephone:				
Work Telephone:				
Cellular:				
Email:				
Vehicle Licence Plate No.:				
Vehicle Registration No.:				
Vehicle Make, Model, Year:				

Describe Damage and \$ Estimate (vehicle and property):

Passengers (Vehicle A) – list all:

Injuries:

Current Location of Passengers (ie: hospital, physician, home, office) and how they were transported:

Vehicle "B" Details (Other Vehicle Involved)

Owned by (full name):	
Full Address:	
Home Telephone:	
Work Telephone:	
Cellular:	
Email:	
Vehicle Licence Plate No.:	
Vehicle Registration No.:	
Vehicle Make, Model, Year:	

Describe Damage and \$ Estimate:

Witnesses

Name:	
Address:	
Telephone	
Email	

Passenger in Vehicle:	"A"		"B"		Other	
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Witnesses						
Name:						
Address:						
Telephone						
Email						
Passenger in Vehicle:	"A"		"B"		Other	
Witnesses						
Name:						
Address:						
Telephone						
Email						
Passenger in Vehicle:	"A"		"B"		Other	
Other Details (ie: anything said by the other driver, passengers or witnesses, weather conditions, road surface conditions):						
OTHER DETAILS						
Tow Required:	Yes		No			
Name of Tow Company:						
Contact Information:						
Location of Vehicle:						
ICBC Claim:	Yes		No		Claim #:	
Program Manager Notified:	Date:				Time:	
Executive Director Notified:	Date:				Time:	
Internal Incident Form Completed:	Yes		No			
Critical Incident Form Completed:	Yes		No			