



**HEALTH CARE PROTECTION PROGRAM**  
 Risk Management  
 PO Box 3586, Victoria, B.C. V8W 3W6  
 Phone: (250) 952-0836 Fax: (250) 356-0661

HCPP Claim No. \_\_\_\_\_

**VEHICLE ACCIDENT REPORTING FORM**

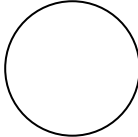
- Call POLICE in cases of injury or death, total damage exceeding \$1,000 (\$600 if motorcycle involved), hit and run over \$150.
  - Report to ICBC in cases of injury or death, vehicle or property damage to others, hit and run over \$350.
- Complete this report within 48 hours and fax copy to: 1. HCPPat (250) 356-0661; 2. Original as required by your Administration.

<b>ORIGIN OF CLAIM</b>	NAME OF AGENCY: _____							
	ADDRESS: _____							
<b>DATE NOTIFIED:</b>	PERSON TO CONTACT REGARDING THIS CLAIM: _____							
	TELEPHONE NUMBER: _____			FAX NUMBER: _____				
<b>TIME AND LOCATION</b>	DATE OF INCIDENT	TIME	<input type="checkbox"/> AM	CITY OR NEAREST PLACE	STREET NAME			
			<input type="checkbox"/> PM					
	AT OR BETWEEN _____							
	STREET AND _____			OR _____ KILOMETRES FROM				
<b>VEHICLE A</b> Your Vehicle	VEHICLE UNIT NO.	VEHICLE LICENCE PLATE NO.	VEHICLE REGISTRATION NO.	RENTAL?	<input type="checkbox"/> YES	AGENCY NAME		
					<input type="checkbox"/> NO			
	VEHICLE TYPE			YEAR & MAKE				
	DRIVEN BY (LAST NAME)			FACILITY NAME/ADDRESS THAT THE VEHICLE IS ALLOCATED TO:			TELEPHONE	
	DRIVERS LIC. NO.	NO OF YEARS DRIVING EXPERIENCE	DESCRIBE DAMAGE				DAMAGE ESTIMATE \$	
<b>VEHICLE B</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		
	DRIVEN BY		ADDRESS		POSTAL CODE	TELEPHONE		
	DRIVERS LICENCE NO		DESCRIBE DAMAGE TO OTHER VEHICLE OR PROPERTY				DAMAGE ESTIMATE \$	
<b>WITNESSES</b>	NAME	ADDRESS	POSTAL CODE	TELEPHONE	IN A	IN B	OTHER	
	1.							
	2.							
<b>INJURED</b>	NAME	SEX	AGE	ADDRESS	POSTAL CODE	NATURE OF INJURY (INDICATE IF FATAL)		
	1.							
	2.							
	WHICH INJURED PERSONS WERE HOSPITALIZED?	<input type="checkbox"/> 1 <input type="checkbox"/> 2		WHICH HOSPITAL?		BY AMBULANCE, PASSER-BY ETC		
<b>INSURANCE ICBC</b>	CLAIM NO.	DATE REPORTED	ADJUSTER'S NAME AND PHONE NO.			NOT REPORTED TO ICBC <input type="checkbox"/>		
<b>INSURANCE</b> COMPLETE THIS SECTION IF VEHICLE B NOT INSURED BY ICBC	POLICY NO.		EXPIRY DATE	POLICY ISSUED BY (INSURER)				
	NAME OF AGENT		ADDRESS					
<b>GENERAL</b>	WERE THE POLICE NOTIFIED?	DID POLICE ATTEND ACCIDENT SCENE?		NAME OF FORCE / DETACHMENT		CASE NO.		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO						
	WERE CHARGES LAID OR A TRAFFIC VIOLATION REPORT ISSUED?	<input type="checkbox"/> YES <input type="checkbox"/> NO		AGAINST WHOM?	<input type="checkbox"/> DRIVER A	ESTIMATED SPEED IN KPH		
					<input type="checkbox"/> DRIVER B	VEHICLE A	VEHICLE B	
	FOR WHAT PURPOSE WAS YOUR VEHICLE BEING USED AT THE TIME OF THE ACCIDENT?					USED ON RHB/CHC/SOCIETY BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	SUPERVISOR'S COMMENTS - attach extra sheet if necessary			SUPERVISOR'S SIGNATURE: _____				

**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.



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

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Date	Name (printed) of driver or person filing report	Signature
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INDICATE WITH AN 'X' each item that applies to this incident or describes related conditions

Road Surface	Type of Road	Vehicle 'A' Condition	Vehicle 'B' Condition	Railroad Crossing	Pedestrian Action
<input type="checkbox"/> 1 Dry	<input type="checkbox"/> 1 Concrete	<input type="checkbox"/> 1 Chains on Rear	<input type="checkbox"/> 1 Chains on Rear	<input type="checkbox"/> 1 Gates not down	<input type="checkbox"/> 1 Crossing Intersection With intersection
<input type="checkbox"/> 2 Wet	<input type="checkbox"/> 2 Asphalt	<input type="checkbox"/> 2 Chains on Front	<input type="checkbox"/> 2 Chains on Front	<input type="checkbox"/> 2 Guarded X-ing Man on Duty	<input type="checkbox"/> 2 Crossing intersection Against Signal
<input type="checkbox"/> 3 Muddy	<input type="checkbox"/> 3 Gravel	<input type="checkbox"/> 3 Snow Tires on Rear	<input type="checkbox"/> 3 Snow Tires on Rear	<input type="checkbox"/> 3 Automatic Signal	<input type="checkbox"/> 3 Crossing Intersection No Signals
<input type="checkbox"/> 4 Snowy	<input type="checkbox"/> 4 Earth	<input type="checkbox"/> 4 Snow Tires on Front	<input type="checkbox"/> 4 Snow Tires on Front	<input type="checkbox"/> 4 Unguarded Crossing	<input type="checkbox"/> 4 Crossing Intersection Diagonally
<input type="checkbox"/> 5 Icy	<input type="checkbox"/> 5 Other	<input type="checkbox"/> 5 In Four Wheel Drive	<input type="checkbox"/> 5 In Four Wheel Drive	<input type="checkbox"/> 5 Driver Disregarded Signal	<input type="checkbox"/> 5 Crossing Between Intersections
<input type="checkbox"/> 6 Lose Sand or Gravel		<input type="checkbox"/> 6 In Gear Which Gear _____	<input type="checkbox"/> 6 In Gear Which Gear _____	<input type="checkbox"/> 6 Signal Not Given	<input type="checkbox"/> 6 Standing in Safety Zone
<b>Road Conditions</b>	<b>Weather</b>	<input type="checkbox"/> 7 Mechanical Defect	<input type="checkbox"/> 7 Mechanical Defect	<b>Emergency Vehicle</b>	<input type="checkbox"/> 7 Standing on Sidewalk
<input type="checkbox"/> 1 Defect in Road	<input type="checkbox"/> 1 Clear	<input type="checkbox"/> 8 Other	<input type="checkbox"/> 8 Other	<input type="checkbox"/> 1 Vehicle A?	<input type="checkbox"/> 8 Getting out of or into another vehicle
<input type="checkbox"/> 2 Under Repair	<input type="checkbox"/> 2 Cloudy	<b>Vehicle 'A' Seat Belts</b>	<b>Vehicle 'B' Seat Belts</b>	<input type="checkbox"/> 2 Siren in use?	<input type="checkbox"/> 9 Children Playing on Hwy
<input type="checkbox"/> 3 Obstruction	<input type="checkbox"/> 3 Fog	Y N	Y N	<input type="checkbox"/> 3 Roof Flashers	<input type="checkbox"/> 10 At Work in Roadway
<input type="checkbox"/> 4 Normal	<input type="checkbox"/> 4 Rain	<input type="checkbox"/> 1 Installed?	<input type="checkbox"/> 1 Installed?		<input type="checkbox"/> 11 Riding / Hitching on Vehi
<input type="checkbox"/> 5 Other	<input type="checkbox"/> 5 Snow	<input type="checkbox"/> 2 In Use?	<input type="checkbox"/> 2 In Use?		<input type="checkbox"/> 12 Walking on Rural Highway or Bridge
	<input type="checkbox"/> 6 Smoke / Dust				<input type="checkbox"/> 13 Coming From Behind Parked Vehicle
	<input type="checkbox"/> 7 Temperature _____ °C				<input type="checkbox"/> 14 Coming from Behind Moving Vehicle or Object
					<input type="checkbox"/> 15 Crossing Highway

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

<input type="checkbox"/> 1 Single Vehicle-Lost Control	<input type="checkbox"/> 7 Hit and Run	<input type="checkbox"/> 13 Vehicle A (not backing) hit building or fixed object
<input type="checkbox"/> 2 Vehicle B Rear-Ended Vehicle A	<input type="checkbox"/> 8 Vehicle A Rear-Ended Vehicle B	<input type="checkbox"/> 14 Vehicle A hit Pedestrian or Cyclist
<input type="checkbox"/> 3 Vehicle B hit Parked Vehicle A	<input type="checkbox"/> 9 Vehicle A hit Parked Vehicle B	<input type="checkbox"/> 15 Overturn
<input type="checkbox"/> 4 Vehicle B Failed to Yield-intersection	<input type="checkbox"/> 10 Vehicle A Failed to Yield	<input type="checkbox"/> 17 Head-on
<input type="checkbox"/> 5 Vehicle B failed to Yield - non intersection	<input type="checkbox"/> 11 Vehicle A Ran Away (unattended)	<input type="checkbox"/> 18 Falling / Flying Object hit Vehicle A
<input type="checkbox"/> 6 Impact with Animal	<input type="checkbox"/> 12 Vehicle A backed into Vehicle B or other property	<input type="checkbox"/> 19 Other (specify) _____