

PAGE OF PAGES ACCIDENT CASE NUMBER ORIGINAL ACN POLICE FILE NUMBER

BRITISH COLUMBIA MOTOR VEHICLE TRAFFIC ACCIDENT POLICE INVESTIGATION REPORT

DATE OF ACCIDENT DATE REPORTED TIME (24 HOUR) 1 NON-REPORTABLE (DO NOT FORWARD TO M.V.D.) 2 PROPERTY DAMAGE OVER \$1000. 3 PERSONAL INJURY 5 FATAL 6 H & R

POLICE 1 ATTENDED 2 DID NOT ATTEND POLICE CODE POLICE ZONE LOCATION CODE CODE 1. PROV. HWY. 2. CITY/MUN. 3. RURAL

CITY, MUNIC., TOWN, DISTRICT, VILLAGE ON AT OTHER

OF: ORG. UNORG.

V P C 99 N/A PO V P C 99 N/A PO

DRIVER LICENCE NO. EXPIRY CLASS PROV. / STATE DRIVER LICENCE NO. EXPIRY CLASS PROV. / STATE

LAST NAME FIRST NAMES LAST NAME FIRST NAMES

ADDRESS ADDRESS

BUSINESS ADDRESS BUSINESS ADDRESS

BUSINESS TELEPHONE BUSINESS TELEPHONE

BIRTHDATE SEX HOME TELEPHONE VEH. COLOR BIRTHDATE SEX HOME TELEPHONE VEH. COLOR

VEH. PLATE NO. PROV. / STATE YEAR & VEH. MAKE VEH. STYLE VEH. PLATE NO. PROV. / STATE YEAR & VEH. MAKE VEH. STYLE

TRAILER / TOWED VEH. PLATE NO. PROV. / STATE TRAILER / TOWED VEH. PLATE NO. PROV. / STATE

OWNER NAME AND ADDRESS OWNER NAME AND ADDRESS

NATIONAL SAFETY CODE No. JUR CODE NATIONAL SAFETY CODE No. JUR CODE

DIRECTION OF TRAVEL N E W S P ON: DIRECTION OF TRAVEL N E W S P ON:

SEVERITY VEH. 1 DAMAGE \$ VEH. 2 DAMAGE \$ SEVERITY

PRIMARY ACCIDENT OCCURRENCE

CODE REAR END HEAD ON SIDE SWIPE BACKING INTERSECTION 90° OVERTAKING RIGHT TURN RIGHT TURN RIGHT TURN RIGHT TURN LEFT TURN LEFT TURN LEFT TURN OFF ROAD RIGHT OFF ROAD LEFT ONE WAY STREET OTHER \*\* EXPLAIN IN POLICE COMMENTS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

VEHICLE TOWED TO / BY OTHER PROPERTY DAMAGE - DESCRIBE VEHICLE TOWED TO / BY

I.C.B.C. POLICY NO. I.C.B.C. POLICY NO. OTHER COMPANY OTHER COMPANY NONE NONE

CHARGES DR. 1 SECTION SHORT TITLE BTA OR BAC CHARGES DR. 2 SECTION SHORT TITLE

C M R B DR. 1 DR. 2 C M R B

C M R B C M R B

C M R B C M R B

POLICE COMMENTS Do Not Repeat Information 99 CODE

99 CODE

99 CODE

99 CODE

TOTAL INJURED TOTAL KILLED TOTAL VEHICLES

10 11 12 13 14 15 16 17 18 19 20 NAMES OF INJURED - IF DECEASED INCLUDE DATE OF DEATH

A B C D E F G H

ALL INVOLVED

OFFICER'S NAME (PRINT) ID. NO. SHIFT DIVISION DATE SUBMITTED REVIEWED