HEALTH CARE PROTECTION PROGRAM
Risk Management
PO Box 3586, Victoria, B.C. V8W 3W6
Phone: (250) 356-1794 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.

ORIGIN OF CLAIM

NAME OF AGENCY: _____

ADDRESS: _____

DATE NOTIFIED:

PERSON TO CONTACT REGARDING THIS CLAIM: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

TIME AND LOCATION

DATE OF INCIDENT	TIME ☐ AM ☐ PM	CITY OR NEAREST PLACE	STREET NAME

AT OR BETWEEN _____ STREET AND _____ OR _____ KILOMETRES FROM

VEHICLE A — Your Vehicle

VEHICLE UNIT NO.	VEHICLE LICENCE PLATE NO.	VEHICLE REGISTRATION NO.	RENTAL? ☐ YES ☐ NO	AGENCY NAME

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 $

VEHICLE 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	TELPHONE

DRIVEN BY	ADDRESS	POSTAL CODE	TELEPHONE

DRIVERS LICENCE NO	DESCRIBE DAMAGE TO OTHER VEHICLE OR PROPERTY	DAMAGE ESTIMATE $

WITNESSES

NAME ADDRESS POSTAL CODE TELPHONE	IN A	IN B	OTHER
1.			
2.			

INJURED

NAME SEX AGE ADDRESS POSTAL CODE NATURE OF INJURY (INDICATE IF FATAL)			
1.			
2.			

WHICH INJURED PERSONS WERE HOSPITALIZED?	☐ 1 ☐ 2	WHICH HOSPITAL?	BY AMBULANCE, PASSER-BY ETC

INSURANCE ICBC

CLAIM NO.	DATE REPORTED	ADJUSTER'S NAME AND PHONE NO.	NOT REPORTED TO ICBC ☐

INSURANCE
COMPLETE THIS SECTION IF VEHICLE B **NOT** INSURED BY ICBC

POLICY NO.	EXPIRY DATE	POLICY ISSUED BY (INSURER)

NAME OF AGENT	ADDRESS

GENERAL

WERE THE POLICE NOTIFIED? ☐ YES ☐ NO	DID POLICE ATTEND ACCIDENT SCENE? ☐ YES ☐ NO	NAME OF FORCE / DETACHMENT	CASE NO.

WERE CHARGES LAID OR A TRAFFIC VIOLATION REPORT ISSUED?	☐ YES ☐ NO AGAINST WHOM?	☐ DRIVER A ☐ DRIVER B	ESTIMATED SPEED IN KPH VEHICLE A VEHICLE B

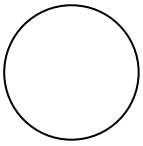
FOR WHAT PURPOSE WAS YOUR VEHICLE BEING USED AT THE TIME OF THE ACCIDENT?	USED ON RHB/CHC/SOCIETY BUSINESS? ☐ YES ☐ NO

SUPERVISOR'S COMMENTS - attach extra sheet if necessary	**SUPERVISOR'S SIGNATURE:**

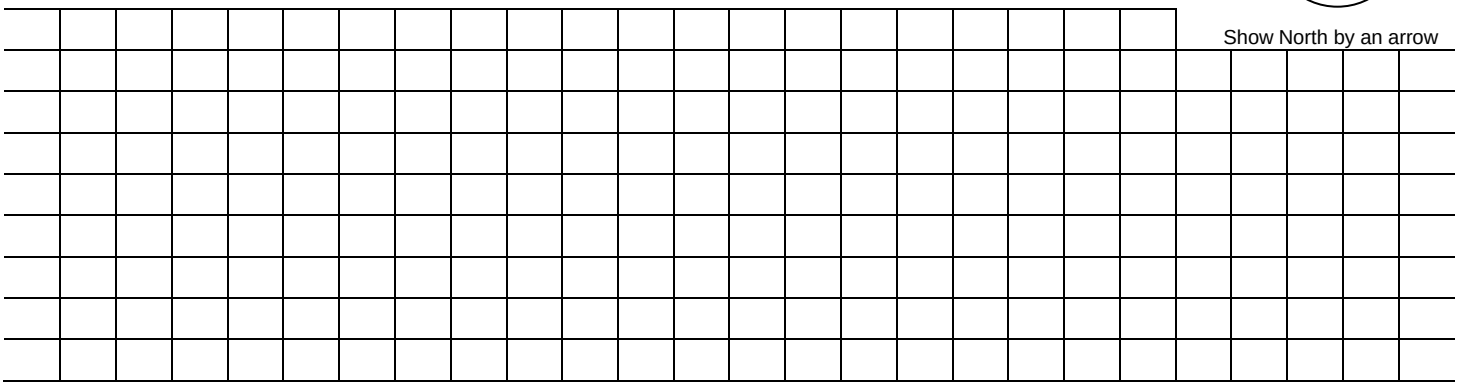
NOTE: PLEASE COMPLETE REVERSE SIDE OF THIS REPORT

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.



Show North by an arrow



DRIVER'S STATEMENT. Attach extra sheet if necessary

_____

_____

_____

_____

_____

_____

Date Name (printed) of driver or person filing report Signature

INDICATE WITH AN 'X' each item that applies to this incident or describes related conditions

Road Surface

- ☐ 1 Dry
- ☐ 2 Wet
- ☐ 3 Muddy
- ☐ 4 Snowy
- ☐ 5 Icy
- ☐ 6 Lose Sand or Gravel

Road Conditions

- ☐ 1 Defect in Road
- ☐ 2 Under Repair
- ☐ 3 Obstruction
- ☐ 4 Normal
- ☐ 5 Other

Type of Road

- ☐ 1 Concrete
- ☐ 2 Asphalt
- ☐ 3 Gravel
- ☐ 4 Earth
- ☐ 5 Other

Weather

- ☐ 1 Clear
- ☐ 2 Cloudy
- ☐ 3 Fog
- ☐ 4 Rain
- ☐ 5 Snow
- ☐ 6 Smoke / Dust
- ☐ 7 Temperature _____ °C

Vehicle 'A' Condition

- ☐ 1 Chains on Rear
- ☐ 2 Chains on Front
- ☐ 3 Snow Tires on Rear
- ☐ 4 Snow Tires on Front
- ☐ 5 In Four Wheel Drive
- ☐ 6 In Gear Which Gear _____
- ☐ 7 Mechanical Defect
- ☐ 8 Other

Vehicle 'A' Seat Belts

Y N

- ☐ ☐ 1 Installed?
- ☐ ☐ 2 In Use?

Vehicle 'B' Condition

- ☐ 1 Chains on Rear
- ☐ 2 Chains on Front
- ☐ 3 Snow Tires on Rear
- ☐ 4 Snow Tires on Front
- ☐ 5 In Four Wheel Drive
- ☐ 6 In Gear Which Gear _____
- ☐ 7 Mechanical Defect
- ☐ 8 Other

Vehicle 'B' Seat Belts

Y N

- ☐ ☐ 1 Installed?
- ☐ ☐ 2 In Use?

Railroad Crossing

- ☐ 1 Gates not down
- ☐ 2 Guarded X-ing Man on Duty
- ☐ 3 Automatic Signal
- ☐ 4 Unguarded Crossing
- ☐ 5 Driver Disregarded Signal
- ☐ 6 Signal Not Given

Emergency Vehicle

Y N

- ☐ ☐ 1 Vehicle A?
- ☐ ☐ 2 Siren in use?
- ☐ ☐ 3 Roof Flashers

Pedestrian Action

- ☐ 1 Crossing Intersection With intersection
- ☐ 2 Crossing intersection Against Signal
- ☐ 3 Crossing Intersection No Signals
- ☐ 4 Crossing Intersection Diagonally
- ☐ 5 Crossing Between Intersections
- ☐ 6 Standing in Safety Zone
- ☐ 7 Standing on Sidewalk
- ☐ 8 Getting out of or into another vehicle
- ☐ 9 Children Playing on Hwy
- ☐ 10 At Work in Roadway
- ☐ 11 Riding / Hitching on Vehi
- ☐ 12 Walking on Rural Highway or Bridge
- ☐ 13 Coming From Behind Parked Vehicle
- ☐ 14 Coming from Behind Moving Vehicle or Object
- ☐ 15 Crossing Highway

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

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