A.D.S.Contracting Inc.

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Vehicle Accident/Incident Report

Instructions: In case of an accident involving a company vehicle, the driver of the vehicle must:

1. Report the accident promptly to a local law enforcement agency and obtain a copy of the officer's report.
2. Contact the company owner as soon as practical to report the accident.
3. Within 24 hours of the accident, submit this completed & signed form to the owner

Location of the Accident	Street/ Highway			Accident Date: (dd/mm/yyyy		
	City		Province:	Accident Time:	☐ AM ☐ PM	
Company Vehicle Information	Name of Vehicle Owner			Reason for Vehicle use:		
	Year	Make/Model	Body Type	Kilometre	Colour	Plate Number
	Describe Parts Damaged			Circle numbered areas of vehicle damage. 6 7 8 / 5 Rear Front 1 / 4 3 2		
Information on Driver of Company Vehicle	Driver Name:		Home Phone ( )	Work Phone: ( )		
	Driver's License Number		Date of Birth	☐ Driver Injured ☐ Wearing Seat Belt		
	Home Address:		City	Province:	Postal Code:	
	Were there passengers in this vehicle? ☐ Yes ☐ No if Yes, List Name(s):			Injuries: ☐ Yes ☐ No ☐ Yes ☐ No	Wearing Seat Belt ☐ Yes ☐ No ☐ Yes ☐ No	
Other Party (s) Involved	Please indicate what type of property was damaged. ☐ automobile ☐ fence ☐ building ☐ guard rail ☐ other _____	Describe parts damaged		If automobile, circle numbered areas of vehicle damage. 6 7 8 / 5 Rear Front 1 / 4 3 2		
	Property owner (if different from driver)			Home Phone	Work Phone	
	Home Address:		City	Province	Postal Code	
	Year	Make/ Model	Body Type	License Plate Number:		
	Vehicle Identification Number		Insurance Company	Phone:		
	Driver Name:		☐ Driver Injured ☐ Wearing Seat Belt	Home Phone:	Work Phone:	
	Home Address:		City	Province	Postal Code	

Other Party (s) Involved Continued	Driver's License Number:		
	Were there passengers in this Vehicle? ☐ Yes ☐ No If Yes, List Name(s):	Injuries: ☐ Yes ☐ No ☐ Yes ☐ No	Wearing Seat Belt ☐ Yes ☐ No ☐ Yes ☐ No

Was the accident investigated by a law enforcement agency? ☐ Yes ☐ No	Were photographs taken at the scene? ☐ Yes ☐ No	By whom?
Name of the investigating Officer:	Law Enforcement Agency Name:	Case Number:
Were citations issued? ☐ Yes ☐ No	To whom?	

Road Conditions: ☐ Dry ☐ Wet ☐ Icy ☐ Other	Did the company vehicle have lights on? ☐ Yes ☐ No ☐ Bright ☐ Dim	Did the other vehicle have lights on? (if other vehicle involved) ☐ Yes ☐ No ☐ Bright ☐ Dim

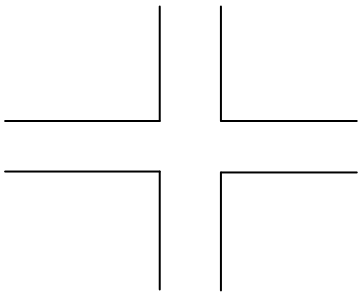
At what speed were you (A.D.S. Vehicle) travelling? km/hr	At what speed was the other vehicle travelling? km/hr	Posted Speed Limit: km/hr
What traffic controls were in effect?	For whom?	Who had the right of way?

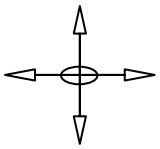
What signals were given by you?	What signals were given by the other driver?
What did you do to avoid the accident?	What did the other driver do to avoid the accident?

Witness Information	Name of Witness:		
	Home Address:		Phone Number:
	City:	Province:	Postal Code:

Driver description of the Accident/Incident: ☐ Attached sheets include additional description, witness and passenger information.

Please complete this diagram. Indicate names of streets, direction, position of vehicles, and point of contact. Use a solid line to show path before the accident and a dotted line to show path after the accident.





Indicate North

1 Company Vehicle
2 Other Vehicle
3 Third Vehicle
Pedestrian
Stop Sign
Yield Sign
Stop Light

As the Driver of the company vehicle described in this report, I acknowledge that all information provided is true and accurate to the best of my knowledge.

Scope of Employment Statement

As owner, I affirm that the individual named driver was operating the vehicle within his authorized scope of employment at the time of accident. ☐ Yes ☐ No

Signature of Driver (Required)	Date (dd/mm/yyyy	Owner Signature (Required)	Date (dd/mm/yyyy