

JOINT REPORT OF AUTOMOBILE ACCIDENT

In the case of an accident...

If someone is hurt, even slightly:

First call emergency assistance and request that a peace officer fill out an accident report.

If there are only material damages:

Fill out together a single Joint report carefully.

Instructions

1. **Copy carefully the information** found on the driver's licence, vehicle registration and insurance certificate.
2. **If there are witnesses**, indicate their name and address at point 5 of the joint report. This is especially important if there are problems with the other driver.
3. **Sign and have the other driver sign the Joint report.** Each driver retains a copy. *If the other driver refuses to complete a joint report or to sign it, fill out yours anyway.*
4. Do not forget to draw a diagram of the accident and describe visible material damages.

View the form on the next page.

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Joint Report of Automobile Accident

Completing this Joint Report **cannot in any way be construed as an admission of liability**. Its purpose is strictly to help identify the parties involved in an accident in order to speed up the claim settlement. It should be signed by both drivers in any accident taking place in Quebec. If there are injuries, even minor ones, call emergency services at once.

1. Date of accident Time

2. Place

3. Property damage other than to vehicles A and B Yes No

4. Witnesses: names, addresses, tel. numbers. State if passenger(s) in vehicle A or B.

Vehicle A

Driver's license -- File No.
Expiry Date
Family Name First Name
Address City
Postal code Tel. Home Tel. Office

Vehicle B

Driver's license -- File No.
Expiry Date
Family Name First Name
Address City
Postal code Tel. Home Tel. Office

Vehicle Registration

Owner (if driver is not the owner)
Address City
Postal code Tel. Home Tel. Office
Make of vehicle Year
Serial Number
Licence Plate Expiry Date

Vehicle Registration

Owner (if driver is not the owner)
Address City
Postal code Tel. Home Tel. Office
Make of vehicle Year
Serial Number
Licence Plate Expiry Date

Insurance Certificate

Insurance Company
Policy No. Expiry Date
Family Name of Insured First Name
Address City
Make of insured vehicle Year
Agent Tel.

Insurance Certificate

Insurance Company
Policy No. Expiry Date
Family Name of Insured First Name
Address City
Make of insured vehicle Year
Agent Tel.

Description of damages to vehicle A and comments

Show initial point of impact with an arrow

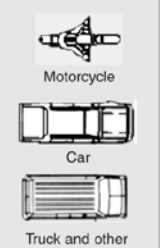
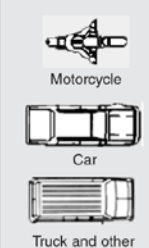


Diagram of accident

Draw streets or roads; show and identify direction of vehicles A and B and position at impact; traffic signals.



Show initial point of impact with an arrow



Description of damages to vehicle B and comments

Signature of driver A

Do not alter Report in any way after it has been signed by both drivers and copies have been separated.

Signature of driver B