

The following report can be printed, filled out and sent to the Risk Management, Department of Finance, Iqaluit at (867) 975-5845

Vehicle Accident Report

If the incident appears serious or if severe injury has occurred report immediately to Risk Management, Department of Finance, Iqaluit telephoned at (867) 975-5825 or faxed at (867) 975-5845 or email: riskmanagement@gov.nu.ca.

General		
Department:	Location:	Region:
Person Reporting:		Phone Nbr:
Email:	Title:	Fax Nbr.:

Details of Accident		
Date:	Time:	Location:
Road Conditions:	Weather Conditions:	Speed:
RCMP Investigated:	Detachment:	Charges Laid:
If Yes, Describe:		

GN Vehicle		
Fleet Number:	Serial Number:	Licence Plate:
Year:	Make and Model:	
Purpose of Trip:		Authorized By:
Rented or Leased?	Owner Name and Address:	
Description of Damages:		
Estimate of Vehicle Damages:	Estimate of Damages to Non-Vehicle Assets:	

GN Driver		
Name:	Sex:	Age:
Address:		Driving Experience:
Licence Number:	Circle One: operator chauffeur	Number of Previous Accidents:

Damage to the Property of Others		
Was it: Motor Vehicle / Fixed Object	Describe Object:	
Owner's Name:	Owner's Address:	Owner's Phone Number:
Estimate of Damage:	Describe Damage:	

If a Motor Vehicle		
Make/Model/Year:	Serial Number:	Licence Plate:
Insurance Company:	Policy Number:	Agent:
Driver's Name:	Driver's Age:	Driver's Sex:
Driver's Licence Number:	Driver's Address:	Driver's Phone Number:

Persons Involved in Accident		
1st Witness Name:	Type: Passenger / Passive	Address:
Phone Number:	Age:	Sex:
Employer:	Injured: yes / no	Where taken? How?
2nd Witness Name:	Type: Passenger / Passive	Address:
Phone Number:	Age:	Sex:
Employer:	Injured: yes / no	Where taken? How?
3rd Witness Name:	Type: Passenger / Passive	Address:
Phone Number:	Age:	Sex:
Employer:	Injured: yes / no	Where taken? How?

Important: Please include a (signed) driver's statement and diagram of the accident.

Please attach any other pertinent details and the name of any person who may be able to provide additional information.

