



# WHAT TO DO IF YOU'RE IN AN ACCIDENT

## 1. STOP

- If your vehicle is involved in an accident and you don't stop, you may be subject to criminal prosecution.

## 2. ASSESS

- Call 911 if someone is injured or total damage exceeds \$1000 or driver under influence of alcohol or drugs
- if no one is injured or damage is less than \$1000, call local police

## 3. RECORD

- Take photos of the accident scene
- Obtain a written statement of who's at fault

## 4. CLEAR THE ACCIDENT SCENE

- Move your car to the side of the road, if able
- If unable, call a tow truck and don't get pressured to pay on the spot. Tow your vehicle to a garage of your choice

## 5. COLLECT INFORMATION

- Obtain contact information and details listed on the reverse of this page
- Bring information to Collision Reporting Centre within 48 hours of your accident if police did not attend accident site

## 6. SEE A DOCTOR

- Contact your family doctor within 24 hours if you are injured.

## 7. SEEK LEGAL ADVICE

- Contact a personal injury law firm and find out all your options. Always get legal advice prior to making any written or sworn statement to an insurance company.

## 8. CONTACT INSURANCE

- Call your insurance company and tell them you were in an accident
- Do not speak to any insurance company other than your own.

ACCIDENT INFORMATION		
Date:	Time:	
Location of Accident:		
WHAT HAPPENED? (Describe in your own words what happened)		
POLICE CALLED: <input type="checkbox"/> YES OR <input type="checkbox"/> NO		
Police Officer Name		
Badge #:	Division #:	
Occurrence #		
VEHICLE		
Driver Name:		
Driver's License #:	Tel #:	
Driver's Address:		
Owner's Name (if different than driver):		
Owner's Address		
Owner's Lic. #:	Tel #:	
Make/Model of Car:	Year:	Lic. Plate:
Description of Damage:		
Passengers		
Name:	Tel #:	
Position in Car:		
Name:	Tel #:	
Position in Car:		
Name:	Tel #:	
Position in Car:		
Insurance Company:	Agent/Broker Name:	
Policy #:	Expiry Date:	
WITNESSES		
Name:	Tel #:	
Address:		
Name:	Tel #:	
Address:		
Name:	Tel #:	
Address:		
INJURIES <input type="checkbox"/> YES OR <input type="checkbox"/> NO		
Name:		
Nature of Injury:		
Position (Driver, passenger, pedestrian, which car?):		



For more detailed information on what to do after an accident, visit [campisi.com](http://campisi.com) or scan this QR code

This information has been provided by Campisi LLP  
24 Hour Hotline: 416-820-9434  
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