# What to do after an auto collision



Failure to **stop** could result in demerit points or criminal prosecution.



# Call ambulance

Call for an ambulance if anyone is seriously injured.

# A

# **Ensure Safety**

Do not stand in between two vehicles, or in front or behind a vehicle to inspect damage. When the area is safe, move vehicles and passengers away from traffic, unless someone is injured, or you suspect a drunk driver. To alert other drivers, use hazard lights, cones, warning triangles or flares.



# Information

Take pictures and collect information from the other driver and witnesses if possible. As a helpful guide, use the Collision Worksheet on the inside of this brochure. More copies can be found at: www.alberta.ca/automobile-collisions-insurance



# **Report to police**

- · If anyone is injured.
- If any of the vehicles are not driveable.
- If any driver does not have a driver's licence, or proof of insurance.
- If the total damage to all vehicles and property appears to be more than \$5,000, file a Collision Report Form. Failure to do so could result in demerit points or a fine.

#### REMEMBER:

The compensation provided by your insurance company may be limited by the following:

- Voluntarily assuming liability;
- · Promising to pay for damages;
- · Accepting money at the scene; and
- Agreeing to forget about the collision.



If you have been injured seek medical treatment as soon as possible.





### **Contact your insurer**

As soon as possible, advise your insurer of the details of the collision, including any injuries and damages to vehicles or properties. It is important to confirm what is included in your coverage and request the forms required to access coverage. Insurance companies determine liability, not the police. If necessary, liability can be determined by the court.

#### USEFUL TIPS:

- Read your policy when you purchase insurance coverage. Do not wait until after a collision.
- If you don't understand your policy, ask your agent, broker, or insurance company for clarification.
- If you are involved in an auto collision, keep records of what happened and who you spoke to such as the police or your insurer.



#### Vehicle repair

You have the right to have your vehicle's damage estimated and repaired at the repair facility of your choice. When you select the repair facility, the responsibility for a satisfactory repair job rests with you, not the insurer.

- Your insurance company may recommend, but not require that your car be repaired at a specific shop.
- In some cases, your insurer may exercise their right to repair your vehicle by giving you formal notice.
- In such a case, your insurer may have the vehicle repaired where they choose but must restore the damaged vehicle to its condition prior to the collision.
- In case of disagreement with your insurer over your vehicle's repair, a formal dispute resolution process is available to you.

# RECOMMENDED INFORMATION TO COLLECT AFTER A COLLISION

# NOT A LEGAL DOCUMENT

| YOUR INFORMATION   | N       |                               |                      |   |   |                             |               |  |
|--|---------|-------------------------------|----------------------|---|---|-----------------------------|---------------|--|
|  |         |                               |                      | Owner's Name (if different from driver)   |   |                             |               |  |
| Damage to Vehicle  |         |                               | Is Damage over \$5,0 | 00? Y/N                                   | Driveable?                              |                             |               |  |
| No. of Passengers Passengers' Names (I   |         | list all)                     |                      | Passengers' Position                      | assengers' Positions in Vehicle Injured |                             | Injured?      |  |
|  |         |                               |                      |   |   |                             |               |  |
| OTHER DRIVER'S INFORMATION   |         |                               |                      |   |   |                             |               |  |
| Driver's Name  |         |                               | Injured?             | Owner's Name                              |   |                             | Owner's Phone |  |
| Street Address   |         |                               |                      | Owner's Address                           |   |                             |               |  |
| City, Town, or County, and Postal Code   |         |                               |                      | nsurance Company Phone                    |   |                             |               |  |
| Bus. Phone   |         | Res. Phone                    |                      | Insurance Broker or                       | ance Broker or Agent                    |                             | Phone         |  |
| Email Address  |         |                               |                      | Insurance Policy No.                      | No. Policy Expiry Date M                |                             | M/DD/YY       |  |
| Driver's Licence No.   |         |                               |                      | Damage to Vehicle                         |   | Is Damage over \$5,000? Y/N |               |  |
| Car Make, Model  |         | Year                          | Colour               | -   |   |                             |               |  |
| VIN  |         | Plate No.                     |                      |   |   | Driveable? Y/N              |               |  |
| No. of Passengers Passengers' Names (I   |         | ist all)                      |                      | Passengers' Positions in Vehicle          |   |                             | Injured? Y/N  |  |
|  |         |                               |                      |   |   |                             |               |  |
|  |         |                               |                      |   |   |                             |               |  |
| DESCRIPTION OF COLLISION   |         |                               |                      | Weather Conditions (fog, hail, clear)     |   |                             |               |  |
|  |         | Estimated Speed of Vehicle(s) |                      |   |   |                             |               |  |
| Time   |         |                               |                      | Road Conditions (icy, wet, clear, debris) |   |                             |               |  |
| Diagram: include streets, traffic controls, visual obstacles, etc. 1 Vehicle 1 |         |                               |                      | Light Conditions (dawn, dusk, dark, day)  |   |                             |               |  |
|  |         |                               | _                    | Description of Collision                  |   |                             |               |  |
| 2 Venicie 2 N  |         |                               |                      |   |   |                             |               |  |
|  |         |                               |                      |   |   |                             |               |  |
|  |         |                               |                      |   |   |                             |               |  |
| AUTO COLLISION WI  | TNESSES |                               |                      |   |   |                             |               |  |
|  |         |                               |                      | Phone                                     |   |                             |               |  |
| Address  |         |                               |                      | Email Address                             |   |                             |               |  |
| Name   |         |                               |                      | Phone                                     |   |                             |               |  |
| Address  |         |                               |                      | Email Address                             |   |                             |               |  |
| ATTENDING POLICE OR RCMP OFFICER   |         |                               |                      |   |   |                             |               |  |
| Name Badge No.   |         |                               |                      |   | Division                                | Bus. Phone                  |               |  |
| TOW TRUCK OPERATOR   |         |                               |                      |   |   |                             |               |  |
| Company  |         |                               |                      | Truck No.                                 | uck No. Bus. Phone                      |                             |               |  |
| Driver's Name  |         |                               |                      | Address Towed To                          |   |                             |               |  |

This worksheet has been prepared for recording information at the time of a private passenger vehicle collision. At a later date, you may require most of the information from this form for completion of official documents, including a collision report with the local police department or a claim form provided by an insurance company.