



**Risk Management Department**  
**1600 West Bank Drive**  
**PETERBOROUGH ON K9J 7B8**  
**Telephone (705) 748-1011 ext 7372**

**Fax: (705) 748-1009**

## **Accidents**

Should a Trent owned or leased vehicle be involved in an accident or be vandalized, the driver is to observe all legal provisions.

If the accident occurs on a public road and there is:

- Personal injury
- Damage in excess of \$2000 or
- Damage to roadside signs, poles, fences or landscaping

**the Police must be informed immediately.**

Campus Security (705) 748-1333 is to be informed immediately of any accidents that take place on Trent property.

## **On or Off Campus**

The driver is to exchange insurance information with any other involved parties, complete an Accident Reporting Form and inform the Risk Management Office (705) 748-1011 ext. 7372 that day, regardless of the amount of damage incurred. If the accident occurs outside working hours, the driver is to inform Campus Security (705) 748-1333 who will in turn inform the Risk Management Department.

The Department to which the vehicle belongs to is responsible to pay any insurance deductibles and will determine whether to make any repairs that are not safety related eg. Cosmetic body work. The department will consult with the Risk Management Department to coordinate any insurance claims. Departments are to ensure Accident Reporting Forms are kept in each vehicle along with a copy of the insurance and vehicle ownership.

## ACCIDENT REPORT FORM- PAGE 2

### ACCIDENT REPORTING FORM

To be completed at the scene. (**Important:** Do not admit liability or discuss any settlement.)

<b>Date of Accident:</b>	<b>Time of Accident:</b>
<b>Location</b> (also see last page for sketching information)	<b>Your Name:</b>
<b>Other Vehicle #1</b> or Property Involved Driver's Name _____  Driver's License # _____  Owner's Name _____	<b>Your Vehicle</b> License Plate # _____ Make and year of your vehicle: _____  Your speed at time of accident: ____ (kph)
Driver's & Owner's Address: _____ <hr/> Phone # _____	Weather Conditions: Road Conditions:
<b>Other Vehicle #1</b> License Plate #: _____  Make/Model/Year _____  Insurance Company _____  Policy Number _____	<b>Witness 1:</b> Name, Address,, Phone # License Plate #: _____ _____ _____
<b>Other Vehicle # 2</b> or Property Involved Drivers Name _____  Drivers License # _____  Owners Name _____	<b>Witness 2:</b> Name, Address, Phone # License Plate #: _____ _____ _____
Driver's and Owner's Address _____  Phone # _____	<b>Details of any Injuries:</b>
<b>Other Vehicle #2</b> License Plate # _____  Make/Model/Year _____  Insurance Company _____  Policy Number _____	Names, addresses any injured persons

## ACCIDENT REPORT FORM- PAGE 2

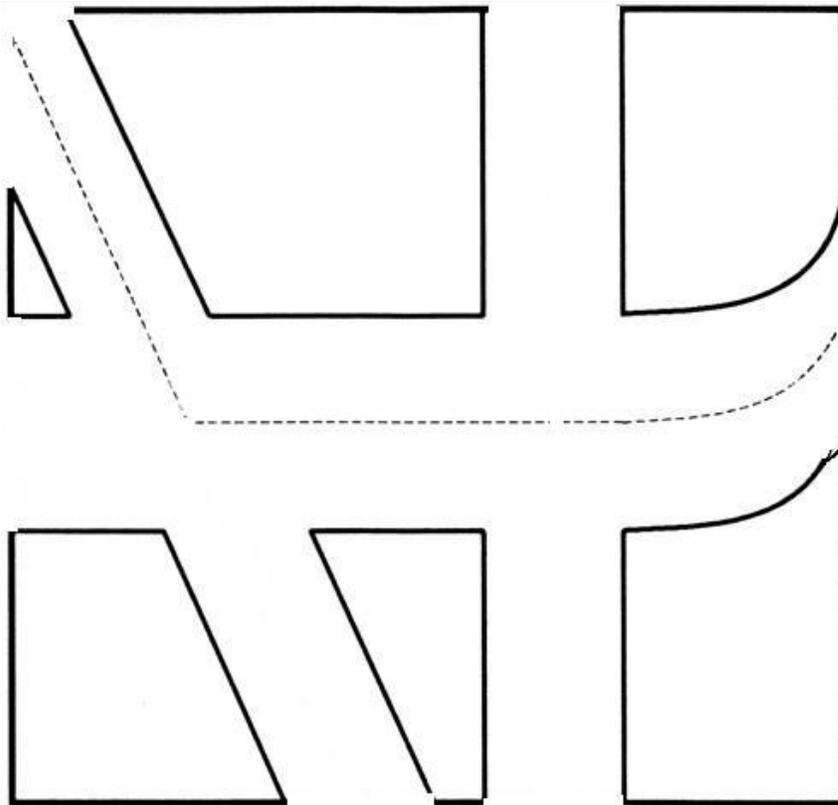
### Guidelines After Accident:

- ✓ Check for personal injuries, call 911 if needed due to injuries or severe damage.
- ✓ If vehicle is drivable and if it's safe to do so, pull to side of road away from traffic.
- ✓ Record all the relevant information on page 1.
- ✓ Put out beacons or flares if available.
- ✓ Complete a sketch of the accident, points of impact and damage.
- ✓ If you have a camera, record the damages and the scene.
- ✓ File an accident report within 48 hours (Ontario 24 hours at Collision Centre)

### NOTES:

#### Accident Report Number

Police Officer (if applicable)



INCLUDE LANE MARKINGS, POSITION & DIRECTION OF VEHICLES BEFORE & AFTER, TRAFFIC SIGNS & SIGNALS, OBSTRUCTIONS & SPEED LIMIT