

Collision Document Number
(if available)

Name of Carrier					
Mailing Address					
Primary Contact Person				Title	
Phone Number				Fax <small><i>(optional)</i></small>	
Email Address					
National Safety Code (NSC) Number <small><i>(as shown on the Safety Fitness Certificate)</i></small>				Operating Status	
Section 1 – Collision Details					
Date of Collision <small>YYYY/MM/DD</small>			Time of Collision		
Location <small><i>(be as specific as possible)</i></small>					
Collision Type					
Another Vehicle	Single Vehicle	Property	Person	Animal	
Was an internal investigation completed within your organization to determine the root cause of the collision? Yes <small><i>(if yes, supply a copy of the report which details the process and outcome)</i></small> No <small><i>(if no, provide an explanation)</i></small>					
Was there a co-driver or any passengers in the vehicle at the time of the collision? Yes <small><i>(if yes, explain their role / what they were doing)</i></small> No					
<small><i>NOTE: If applicable, witness statements should be submitted with your collision evaluation</i></small>					
Was a mechanical inspection completed on the vehicle after the collision? Yes <small><i>(if yes, supply a copy the report)</i></small> No <small><i>(if no, provide an explanation)</i></small>					
Description of road:					
Two Lane Undivided Four Lane Undivided Six Lane Undivided	Two Lane Divided Three Lane Divided Four Lane Divided	Six Lane Divided Intersection One way highway	Merge Lane Parking Lot Traffic Circle		
Was the road:	Uphill	Downhill	Level	Curved	Straight

Description of road surface: (check all that apply)

Paved (asphalt)	Brick	Ice Covered	Railway Crossing
Dry Road	Gravel	Snow Covered	Under Construction
Concrete	Muddy	Holes/Ruts	Off Highway
Oiled	Wet	Bridge Deck	

Environmental conditions: (check all that apply)

Dusk/Dawn	Mixed Sun/Cloud	Freezing Rain	Hail
Sunny and Clear	Dark	Heavy Snow	Smoke
Sun Glare	Light Rain	Fog	Dust
Low Light	Heavy Rain	Smog	Strong Wind
Artificial Light			

Was the intersection controlled by a traffic control device?

Yes (if yes, indicate the type of device and show it on your collision scene diagram) No N/A

Traffic control device was not working

Traffic control device was damaged or missing

Speed: Posted/Default limit:
Speed prior to collision:
Speed at time of collision:
Vehicle parked and driver not in care and control of the vehicle:

Section 2 – Vehicle

Vehicle #1 (applicant's vehicle)

Power unit license plate number:

Registered weight (GVW):

Type of Vehicle:

Truck	A-Train	Long Combination Vehicle	Transit Bus
Truck Tractor	B-Train	School Bus	11 – 15 Person Van
Tractor Semi Trailer	C-Train	Motor Coach	Other Bus

If a jeep, booster or other specialized equipment was used in the configuration, describe the equipment.

Was a trip inspection conducted on the vehicle within the previous 24 hours?

Yes (if yes, attach a copy of the trip inspection report) No (if no, provide an explanation)

When was the vehicle most recently serviced by a qualified technician?

(provide a copy of the most recent work order/preventative maintenance report)

Load Description: (check all that apply)

Truck / Trailer 1	Empty	Loaded	Commodity(s):
Trailer 2	Empty	Loaded	Commodity(s):
Trailer 3	Empty	Loaded	Commodity(s):

Was the vehicle operating under the authority of a special permit? Yes No
(include permits for weights, dimensions, licensing, hours of service, etc.)

Permit Name(s) & Number(s):

Section 3 – Driver

Driver Name

Operator License Number

Province / Jurisdiction

Every collision evaluation starts with a detailed driver statement. Without an adequate driver's statement no credible internal evaluation can be conducted. It is crucial that drivers complete their statement as soon as possible after the collision occurred.

Ensure you have a detailed driver's statement that addresses all aspects and the events surrounding the collision. A good statement, as a minimum starts at the beginning of the drivers shift. The statement then becomes more detailed leading up to the collision and describes a factual sequence of events from the drivers perspective. **Applications with incomplete/inadequate or missing statements cannot be processed.**

The following checklist must be fully completed in order for the application to be accepted:

- Date, time and location (highway number, street address, kilometer marker, etc)
- The equipment being used at the time and its condition (headlights, amber warning beacons, etc)
- What specific actions the driver took immediately prior to, during and after the collision
- A detailed diagram of the collision scene (computer generated diagrams are preferred)
free applications are available, such as www.accidentsketch.com or www.smartdraw.com/accident-reconstruction
- Photographs of the applicants vehicle clearly showing the damaged areas/components
- The statement must be signed by the driver
- The police report must accompany the drivers statement, if available

Any substantiating evidence provided in support of your claim will be considered as part of the review process:

- Video footage (eg. dash camera or third party)
- Photographs of the collision scene/location and any third party vehicles
- If the driver has difficulty communicating in english, a translator may assist writing or typing the statement on the drivers behalf provided this is clearly indicated in the statement
- Post-collision alcohol/controlled substance screening results

Driver's Hours of Service

Carrier **must** submit a copy of the driver's daily log or time record for the day of the collision and;

- If Federally regulated, the driver's daily logs for the current and preceding 14 days;
- If Provincially regulated, the driver's daily logs for the current and preceding 7 days.

Records Not Available

If hours of service records are not available (eg. have been destroyed) the carrier must submit a detailed internal review report which evaluated the driver's compliance to hours of service legislation at the time of the collision. If neither of these are submitted the evaluation will not be processed.

Was the driver a local driver taking advantage of the 160 kilometer radius exemption? Yes No

If yes, submit:

If **Provincially** regulated: the driver's start and end times as per Section 12 of the Provincial Driver's Hours of Service Regulation AR 317/2002. For the purpose of this evaluation, 7 days of records will be required.

OR

If **Federally** regulated: 14 days of records as outlined in Section 81(2)(c) of the Federal Commercial Vehicle Driver's Hours of Service Regulation.

Driver's Hours of Service Review

At the time of the collision, the driver had been on duty for ____ hours, since the driver had last received at least 8 consecutive hours off duty.

From the time of the collision, how many hours has the driver worked in the previous:

(complete one of the following)

7 days, if Provincially Regulated:

7 days, if Federal on Cycle 1:

14 days, if Federal on Cycle 2:

Was an internal review of the driver's hours of service conducted? Yes No

If yes, were any violations identified? *(explain, attach additional sheets if necessary)*

NOTE: A review of the driver's hours of service is required as part of the evaluation process.

Section 4 – Declaration

I certify the information contained in this request for collision evaluation is true and accurate.

Name of Carrier Representative

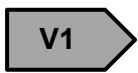
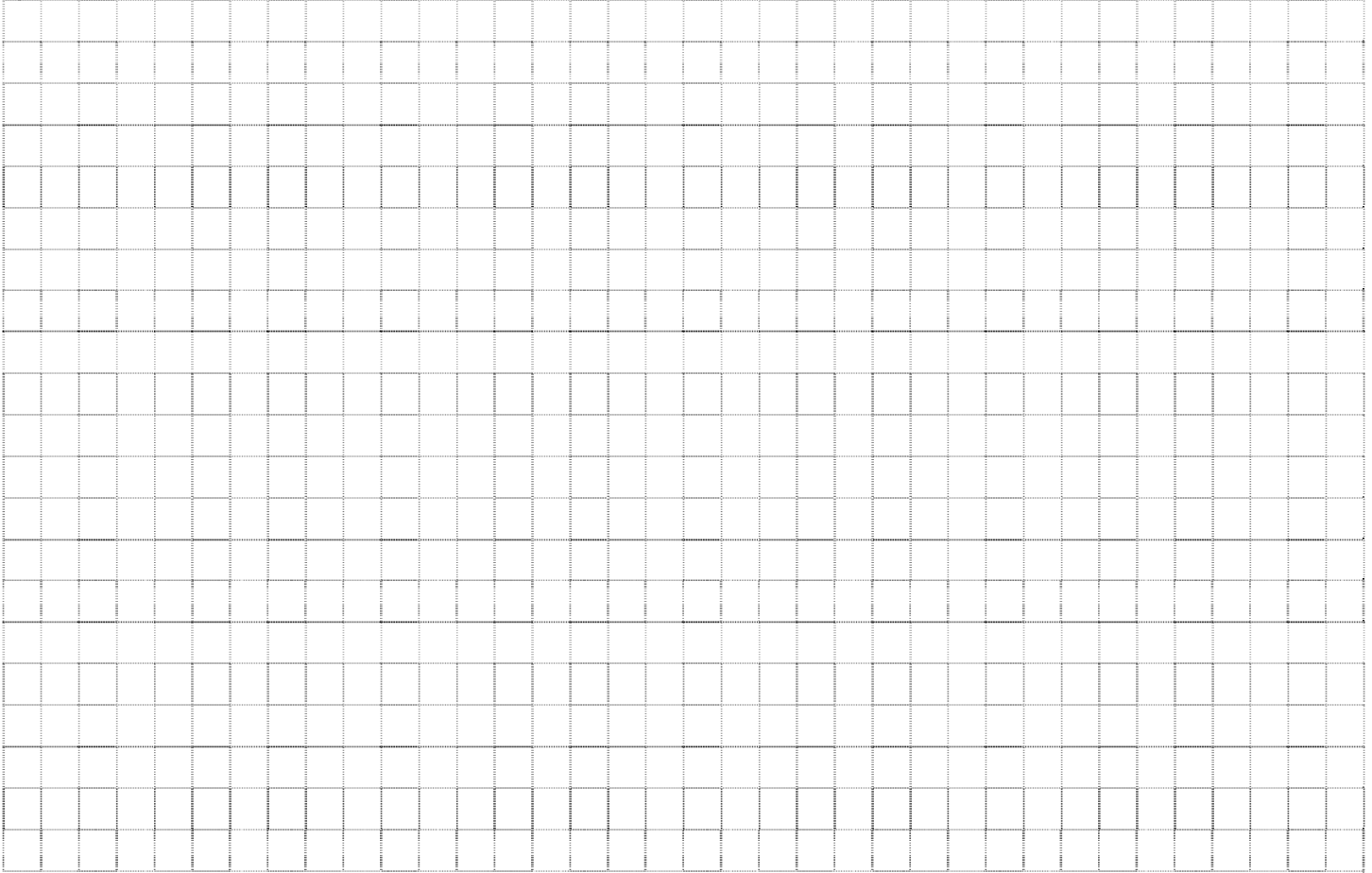
Signature of Carrier Representative

Date

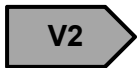
Collision Scene Diagram

Show your vehicle as vehicle #1 - the vehicle in which the collision evaluation is based on. Explain how all other vehicles are identified. Clearly display all lanes, vehicle(s) and direction of travel, as well as the location of any objects and traffic control devices. A well drawn diagram will accurately depict the location of vehicles before and after the collision, including the point of impact. You may attach another sheet if necessary, or provide your own diagram.

↑N



V1 = Applicant Vehicle



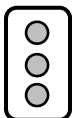
V2 = Other vehicle (include as many as necessary)



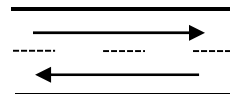
= Obstacle / Object
(eg. tree, utility pole, animal, etc)



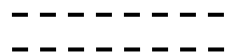
= Stop sign



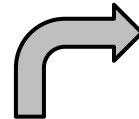
= Traffic signal
(state the colour at the time of the collision)



= Roadway



= Railway



**= Turning lane /
Direction of travel**



= Yield sign