



# Request for Collision Review

Submit by Email: [compliance.collisions@gov.ab.ca](mailto:compliance.collisions@gov.ab.ca)

Mail: 401, Provincial Building  
4920 51 Street Red Deer, Alberta T4N 6K8  
Fax: 403-340-4806

Collision Document Number  
*(if available)*

Name of Carrier:			
National Safety Code (NSC) Number: <i>(as shown on the Safety Fitness Certificate)</i>			
Primary Contact Person:		Title:	
Email Address:		Phone Number:	
Operating Status:			
<b>Section 1 – Insurance Information</b>			
Attach all correspondences with your insurance company in relation to the decision/outcome of this claim. If not available/applicable provide an explanation:			
<b>Section 2 – Collision Details</b>			
Date of Collision: YYYY/MM/DD		Time of Collision: hh:MM am/pm	
Location: <i>(city, street, intersection, highway, province/state, etc.)</i>			
Collision Type:	Another Vehicle	Single Vehicle	Person
	Property	Injury	Fatality
Animal			
Was an internal investigation completed within your organization to determine the root cause of the collision?			
Yes	<i>(if yes, supply a copy of the report which details the process and outcome)</i>		No <i>(if no, provide an explanation)</i>
<b>Description of road:</b>			
Two Lane Undivided	Two Lane Divided	Six Lane Divided	Merge Lane
Four Lane Undivided	Three Lane Divided	Intersection	Parking Lot
Six Lane Undivided	Four Lane Divided	One way highway	Traffic Circle
Was the road:	Uphill	Downhill	Level
			Curved
			Straight
<b>Description of road surface:</b> <i>(check all that apply)</i>			
Paved (asphalt)	Brick	Ice Covered	Railway Crossing
Dry Road	Gravel	Snow Covered	Under Construction
Concrete	Muddy	Holes/Ruts	Off Highway
Oiled	Wet	Bridge Deck	
<b>Environmental conditions:</b> <i>(check all that apply)</i>			
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			
<b>Speed:</b>	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 3 – Applicants Vehicle

Power unit license plate number:

**Type of Vehicle:**

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

**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):

### Section 4 – 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 driver's 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](http://www.accidentsketch.com) or [www.smartdraw.com/accident-reconstruction](http://www.smartdraw.com/accident-reconstruction)

Photographs of the applicants vehicle clearly showing the damaged areas/components

The statement must be signed by the driver

**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

### Section 5 – Declaration

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

\_\_\_\_\_  
*Name of Carrier Representative*

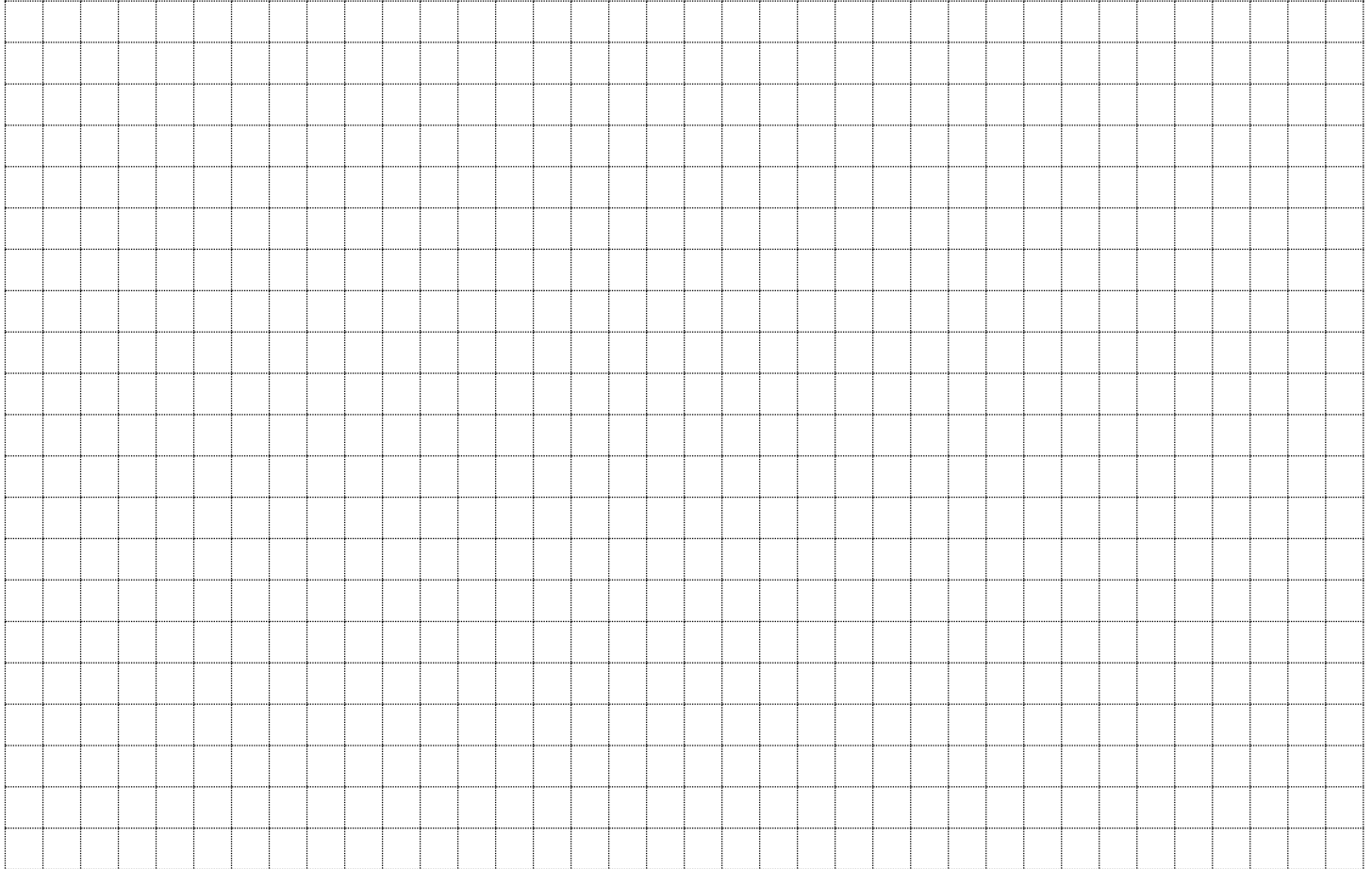
\_\_\_\_\_  
*Signature of Carrier Representative*

\_\_\_\_\_  
*Date*

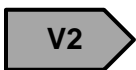
# Collision Scene Diagram


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

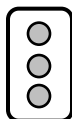



 = Applicant Vehicle

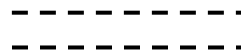
 = Other vehicle (include as many as necessary)

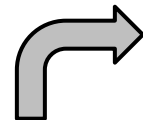
 = Obstacle / Object  
(eg. tree, utility pole, animal, etc)


 = Stop sign

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

 = Roadway

 = Railway

 = Turning lane /  
Direction of travel

 = Yield sign