



VEHICLE ACCIDENT REPORT FORM

This report is required for **ALL** vehicle accidents even if no other vehicle is involved. Where injury or third party damage is in excess of \$1,000.00 report immediately to Risk Management and Insurance, Department of Finance, Yellowknife by phone (867) 920-3420, fax (867) 873-0325, or e-mail risk@fin.gov.nt.ca.

REPORTING INFORMATION	
Name	Title
Department	Phone Number
Fax Number	Email Address
GNWT VEHICLE INFORMATION	
Fleet Number	VIN
License Plate Number	Year/Make/Model
Purpose of Trip	Authorized By
Rented or Leased	Rental Agency
GNWT DRIVER INFORMATION	
Name	Department
Phone Number	License Plate Number
Operator or Chauffer	Number of Previous Accidents



Human Resources Manual - 001e - Government Vehicle Use

DETAILS OF ACCIDENT	
Date of Accident	Time
Community	Road Conditions
Weather Conditions	Speed
RCMP File Number	Detachment
Investigating Officer	Charges Laid

DAMAGE TO PROPERTY	
Owner's Name	Phone Number
Address	Estimate of Property Damaged
Damage	

DAMAGE TO MOTOR VEHICLE		
Owner's Name	Driver's Name	
Phone Number	Address	
Year	Make/Model	
VIN	License Plate Number	
Insurance Company	Policy Number	Agent



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PERSONS INVOLVED IN ACCIDENT	
Name (1)	Phone Number
Address	Injured/Passenger/Witness
Name (2)	Phone Number
Address	Injured/Passenger/Witness
Name (3)	Phone Number
Address	Injured/Passenger/Witness
Name (4)	Phone Number
Address	Injured/Passenger/Witness