Workers' Compensation Board
Alberta

P.O. BOX 2415
EDMONTON AB
T5J 2S5

AUTOMOBILE ACCIDENT REPORT

Claim Number

Worker's *Surname* | *First Name* | *Initial* | Date of Birth *(Year / Month / Day)*

Home Address *Street* | *City/Town* | *Province* | Postal Code

Phone Number | Your Insurance Company and Policy Number

Business Address *Street* | *City/Town* | *Province* | Postal Code

Phone Number

Make of Vehicle | Year | Model | Serial Number | License Number and Province

Describe Damage

Estimate of Damage

Name of Driver of Your Vehicle | Age | Driver's License Number

Residence Address *Street* | *City/Town* | *Province* | Postal Code

Business Phone Number:

Date of Accident *(Year / Month / Day)* | Time ☐ A.M. ☐ P.M. | Were you wearing a seat belt? ☐ Yes ☐ No

Location of Accident

Purpose vehicle used for at time of accident | Weather Condition | Road Condition

Your Speed | Direction | Other's Speed | Direction

Police Investigation by | Charges

Had you taken any alcoholic beverages or drugs prior to the accident ☐ Yes ☐ No

Who was responsible for the accident – reason

Owner of other vehicle	Owner of other vehicle
Phone Number	Phone Number
Address	Address
Make of Vehicle / Year	Make of Vehicle / Year
Model / License Number and Province	Model / License Number and Province
Name of Insurance Company / Policy number	Name of Insurance Company / Policy number
Description of Damage	Description of Damage
Name of Driver / Phone Number	Name of Driver / Phone Number
Address	Address

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Complete both pages and sign before sending.

Worker's *Surname*	*First Name*	*Initial*	Claim Number

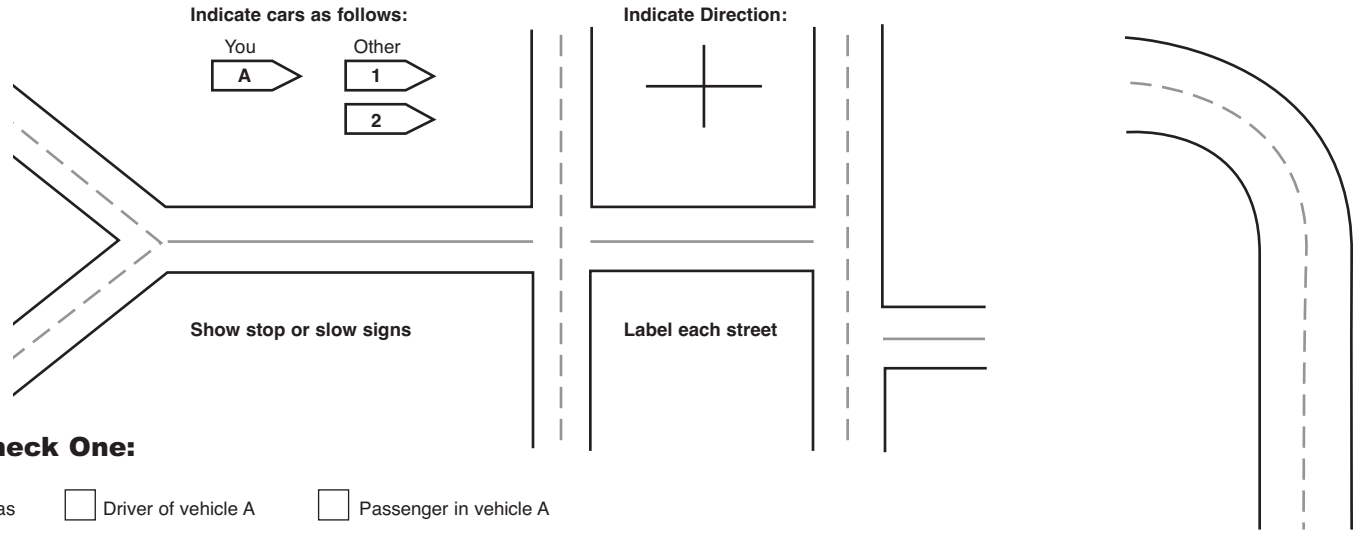
Details of Accident

Witnesses

Name	Name	Name
Address	Address	Address
Telephone Number	Phone Number	Phone Number
In which Car? ☐ Your Car ☐ Other Car #1 ☐ Other Car #2 ☐ Other	In which Car? ☐ Your Car ☐ Other Car #1 ☐ Other Car #2 ☐ Other	In which Car? ☐ Your Car ☐ Other Car #1 ☐ Other Car #2 ☐ Other

Description of Accident

Illustrate position of cars at time of collision. Show skid marks.
(If any street is more than two lanes or is one way only, please indicate.)



Check One:

I was ☐ Driver of vehicle A ☐ Passenger in vehicle A

Describe the accident in your own words (attach separate sheets if necessary.)

(Year / Month / Day)

Date _____ Signature _____