



PIN NO: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

TODAYS DATE/TIME: \_\_\_\_\_

**HIT AND RUN MOTOR VEHICLE COLLISION REPORT STATEMENT**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/PROV: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ HOME PH.: ( ) \_\_\_\_\_ CELL PH.: ( ) \_\_\_\_\_

**DATE AND TIME OF COLLISION:** \_\_\_\_\_

**LOCATION OF COLLISION:** \_\_\_\_\_

**TIME PARKED:** \_\_\_\_\_ **TIME RETURNED:** \_\_\_\_\_

**DESCRIBE DAMAGE TO VEHICLE:** \_\_\_\_\_

**ROAD/WEATHER CONDITIONS:** \_\_\_\_\_

**DIRECTION YOU WERE FACING:**      **NORTH**      **SOUTH**      **EAST**      **WEST (CIRCLE DIRECTION)**

**I WILL STATE:**

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I consent to any and all information contained within this statement and form, including the accident report to which this statement relates, to persons or agencies, directly or indirectly affected by the motor vehicle collision, including but not limited to insurance companies or their representatives, property owners, investigators and legal representatives acting on their behalf.

**SIGNATURE:** \_\_\_\_\_