Case Number_____ Date & Time _____

WINDSOR POLICE STANDARD 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: _____

ROAD/WEATHER CONDITIONS: **# OF PEOPLE IN YOUR CAR:**

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

DESCRIBE DAMAGE TO VEHICLE: _____

LANE YOU WERE IN: **VEHICLE TOWED: Y OR N**

I WILL STATE: (Describe accident in detail)

INJURIES: Y OR N IF Y, DESCRIBE INJURIES:

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: _____