Description of Crash (continued)

Briefly describe how the crash occurred:

Personal Injuries

(check appropriate boxes)

Parts of Body Affected

❍ Head	❍ Eyes	❍ Nose	❍ Mouth
❍ Jaw/Teeth	❍ Neck	❍ Shoulders	❍ Upper Back
❍ Lower Back/Spine	❍ Chest	❍ Abdomen	❍ Stomach
❍ Groin	❍ Buttocks	❍ Thighs	❍ Knees
❍ Shins	❍ Ankles	❍ Feet	❍ Arms/Hands

Type of Injury

❍ Abrasions/Scrapes	❍ Bruising	❍ Burns	❍ Dislocation
❍ Cuts/Lacerations	❍ Black Eyes	❍ Whiplash	❍ Fracture
❍ Joint Swelling	❍ Tenderness	❍ Stiffness	❍ Spinal Injury
❍ Paralysis	❍ Headache	❍ Nausea	❍ Insomnia
❍ Unconsciousness	❍ Concussion	❍ Numbness	❍ Sensation Loss
❍ Ringing in Ears	❍ Confusion	❍ Vomiting	❍ Nightmares
❍ Memory Disruption	❍ Anxiety	❍ Depression	

Personal Injuries (continued)

Did an ambulance attend? ❍ Yes ❍ No

Were you taken to a hospital? ❍ Yes ❍ No

If so, please provide the following information:

Hospital

Address

Were other people in your vehicle taken to a hospital? ❍ Yes ❍ No

If so, please provide their contact information:

Name Telephone

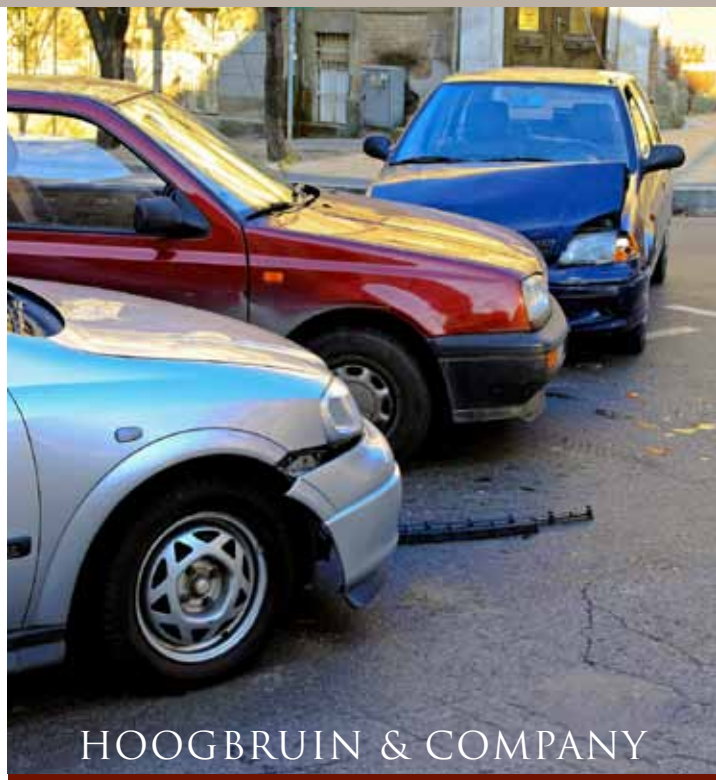
Name Telephone

Name Telephone

Description of Injuries

Describe as accurately as possible your injuries and symptoms, and how they occurred:

Date Brochure Completed



HOOGBRUIN & COMPANY

LITIGATION COUNSEL / INJURY LAWYERS

www.hoogbruin.com

To protect yourself and ensure the best possible resolution of your personal injury (ICBC) claim, we suggest that you:

1) Record all important information by completing this brochure **as soon as possible** after the crash.
2) While you are required to report an accident to ICBC, you should speak to a lawyer **BEFORE** you provide a statement.
3) **DO NOT** discuss who was at fault with anyone except your lawyer.

For a FREE consultation call Hoogbruin & Company

604.609.3783

After Hours Telephone Number 604.809.8965

KEEP THIS BROCHURE IN YOUR GLOVE COMPARTMENT

Client Motor Vehicle Crash Report

Crash Details

Date

Time

Location

Diagram of Crash

Draw a diagram of the crash scene including street names, approximate distances between vehicles, positions of vehicles and directions of travel.

INDICATE NORTH WITH ARROW

MARK YOUR VEHICLE AS #1 AND OTHER VEHICLES AS #2, #3, ETC.

Parties Involved

Vehicle #1 *(your vehicle)*

Year Make

Model Colour

Plate #

Owner's Name(s) Phone

Address

Driver's Name Phone

Address

FOLD

Parties Involved (continued)

Vehicle #2

Year Make

Model Colour

Plate #

Owners Name(s) Phone

Address

Driver's Name Phone

Address

Driver's License # (class / restrictions)

Vehicle #3

Year Make

Model Colour

Plate #

Owners Name(s) Phone

Address

Driver's Name Phone

Address

Driver's License # (class / restrictions)

Witnesses

Witness #1 ❍ Driver ❍ Vehicle Occupant ❍ Pedestrian

Name Phone

Location When Crash Occurred

Brief Summary of Crash

Witness #2 ❍ Driver ❍ Vehicle Occupant ❍ Pedestrian

Name Phone

Location When Crash Occurred

Brief Summary of Crash

FOLD

Emergency Personnel Attendance

Did the Police attend? ❍ Yes ❍ No

Police Accident Report attached ❍ Yes ❍ No

Police File #

Other Police Info (if any)

Any Arrests or Tickets?

Did the Fire Department attend? ❍ Yes ❍ No

Fire Department File #

Other Fire Department Info (if any)

Description of Crash *(check appropriate boxes)*

Roadway

❍ Straight ❍ 2 Lane ❍ Dry ❍ Holes & Ruts
❍ On Curve ❍ 3 Lane ❍ Wet ❍ Loose Materials
❍ Level ❍ 4 Lane ❍ Snowy ❍ Muddy
❍ On Grade ❍ Divided ❍ Icy ❍ Oily
❍ Hillcrest

Weather

❍ Clear ❍ Rain ❍ Sleet ❍ Fog
❍ Other

Visibility

❍ Daylight ❍ Darkness ❍ Dusk ❍ Artificial Light
❍ Other

Lights

Vehicle #	1	2	3	Vehicle #	1	2	3
Headlights On	❍	❍	❍	Left Turn On	❍	❍	❍
Right Turn On	❍	❍	❍	Horn Sounded	❍	❍	❍
Flashers On	❍	❍	❍	Brake Lights Working	❍	❍	❍

Type of Collision

❍ Head On ❍ Rear End ❍ Side Swipe ❍ Broadside
❍ Other

Speed

Speed Limit at Crash Location

Estimated Speed of Vehicle #1

Estimated Speed of Vehicle #2

Estimated Speed of Vehicle #3

Seatbelts

Were you wearing a seatbelt? ❍ Yes ❍ No