



What to do In the Event of an Accident

1. If the accident is an Emergency Dial 911. **ONLY DIAL 911 IN THE EVENT OF AN EMERGENCY.** (i.e. if there are injuries)
2. If the car is still drivable or towable, there are no injuries, and there are no criminal violations involved then take your vehicle to one of the 3 collision reporting centres in the Ottawa Region. Accidents must be reported to the collision centres within 24 hours of the incident.

The reporting Centres are:

- 474 Elgin St. (Downtown)
- 3343 St. Joseph Blvd. (East)
- 211 Huntmar Drive (West)

3. If the criteria from either 1 or 2 noted above does not apply call the local police number below.

To report an accident in The Ottawa Region call 613-230-6211.

4. Move Vehicles out of traffic if it is possible. Do not drive the vehicle unless it is safe to do so.
- 5 Record details of the accident-how, when, where it happened, time, date, location, speed, weather and road conditions.
6. Draw a sketch of the accident showing position and direction of all vehicles. If possible take pictures of the vehicle(s) involved.
7. Answer police questions honestly but make no comments or admit any blame for the accident to the other driver(s).
8. Attain the names, address', telephone numbers, drivers license numbers, plate numbers, and insurance details from everyone involved.
9. Note the badge numbers and names of any attending officers.
10. Get names and address' of any witness' if available.
11. Have your vehicle taken to an automobile repair garage to get a repair estimate . For a list of repair garages approved by your insurance company call you broker. *Do not permit any repairs to the vehicle without the consent of the Insurance Company.*
12. Call your insurance broker or company for advice. Be prepared to provide all the information gathered at the scene along with all your own details. *Provide the police report number that was given to you.*



BRADLEY'S
COMMERCIAL
INSURANCE

Details:

1. Date: _____

2. Time: _____

3. Street: _____

4. Nearest Cross St. _____

5. Weather Conditions: _____

6. Name of Other Driver: _____

7. OTHER Vehicle Info:

- Year _____
- Make/Model of Other Vehicle: _____
- VIN Number: _____
- Drivers License Number of Other Driver: _____
- Other Drivers Insurance Company and Policy Number: _____

8. Are there any injuries to anyone involved in this accident:

9. Police Report Number: _____

10. What Happened In this Accident:

11. Turn this page over and draw a diagram of the Accident:

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