



CERTIFIED



Motor Vehicle Accident Report

Report Type: <input type="checkbox"/> Original <input type="checkbox"/> Amended <input type="checkbox"/> Filed To Remain		Accident Number		Page	
Time Officer Arrived or Police Force Reported to		Emergency Equipment in Attendance		Service Performed	
Name of Investigating Officer		Badge No.		Div/Stat/Unit	
Name of Submitting Police Force		MTD Use Only		Highway Distance Unit Dis.	
Location R1: Interchange		Distance		Check as applicable	
Location R2: Reference Point		Municipality		County, District, Reg. Municipality	
1 Driver (Last Name First)			2 Driver (Last Name First)		
Address			Address		
Telephone No.			Telephone No.		
Postal Code			Postal Code		
Driver's License No.			Driver's License No.		
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> U			Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> U		
Motor License in Other Prov. <input type="checkbox"/> Y <input type="checkbox"/> N			Motor License in Other Prov. <input type="checkbox"/> Y <input type="checkbox"/> N		
Suspended Driver <input type="checkbox"/> Y <input type="checkbox"/> N			Suspended Driver <input type="checkbox"/> Y <input type="checkbox"/> N		
Blood Alcohol <input type="checkbox"/> Y <input type="checkbox"/> N			Blood Alcohol <input type="checkbox"/> Y <input type="checkbox"/> N		
Make Year Model Colour Body Style			Make Year Model Colour Body Style		
Air Brake <input type="checkbox"/> Y <input type="checkbox"/> N			Air Brake <input type="checkbox"/> Y <input type="checkbox"/> N		
Plate No. Prov. Number of Occupants in Vehicle			Plate No. Prov. Number of Occupants in Vehicle		
Owner (Last Name First)			Owner (Last Name First)		
Address			Address		
Telephone No.			Telephone No.		
Postal Code			Postal Code		
Insurance Company and Policy No.			Insurance Company and Policy No.		
<input type="checkbox"/> None			<input type="checkbox"/> None		
CVOR No.			CVOR No.		
Lic. Class Required <input type="checkbox"/> Loaded <input type="checkbox"/> Unloaded			Lic. Class Required <input type="checkbox"/> Loaded <input type="checkbox"/> Unloaded		
Approx. Speed Km/hr			Approx. Speed Km/hr		
Make Plate No. Prov.			Make Plate No. Prov.		
Owner (Last Name First)			Owner (Last Name First)		
<input type="checkbox"/> As vehicle above			<input type="checkbox"/> As vehicle above		
Address			Address		
Telephone No.			Telephone No.		
Postal Code			Postal Code		
Insurance Company and Policy No.			Insurance Company and Policy No.		
<input type="checkbox"/> As Vehicle Above			<input type="checkbox"/> As Vehicle Above		
Investigating Officer's Description of Accident & Diagram					
Lanes/Speed					
		Number of Lanes		Posted Speed	
		Max		Advisory	
R1					
R2				Descriptions of Codes (97, 98, 99)	
Describe Damage to Other Property				Person and/or Agency Advised	
No. Involved Persons - Injured Taken To				Independent Witnesses - Name	
Vehicle Taken To				Persons Charged - Section and Act & P.D.T. No.	
Name of Coroner				If School Age Child Involved, Indicate School Name	
Signature of Investigating Officer				Signature of Supervisor	
Report completed on				Badge No.	
Veh. No.		Inpd. No.			
1					
2					
3					
4					
5-60		70		71	
				72	
				73	
				74	
				75	
				76	
				77	
				78	

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All boxes must be completed by officers submitting Report. Specify all codes 97, 98, 99 on this Report

Lined paper template with horizontal ruling lines and a diagonal watermark reading "SAMPLE".



Motor Vehicle Accident Report

Report Type: <input type="checkbox"/> Original <input type="checkbox"/> Amended <input type="checkbox"/> Faxed To Remain		Accident Number		Page							
Time Officers Arrived or Police Force Reported to		Emergency Equipment in Attendance		Service Performed							
Name of Investigating Officer		Badge No.		Division/Dep. Part/Squad							
Name of Submitting Police Force		MTO Use Only		Highway Distance Link Dis.							
Location R1: Thoroughfare		Distance		Check as applicable							
Location R2: Reference Point		Municipality		County, District, Reg. Municipality							
Driver 1 (Last Name First)			Driver 2 (Last Name First)								
Address			Address								
Telephone No.			Telephone No.								
Postal Code			Postal Code								
Driver's Licence No.			Driver's Licence No.								
Prov. Class (Cont)			Prov. Class (Cont)								
Sex D O B (Y/M/D)			Sex D O B (Y/M/D)								
Proper Licence to Drive Class of Vehicle			Proper Licence to Drive Class of Vehicle								
Suspended Driver			Suspended Driver								
Blood Alcohol			Blood Alcohol								
Make Year Model Colour			Make Year Model Colour								
Body Style			Body Style								
Air Brake			Air Brake								
Plate No.			Plate No.								
Prov.			Prov.								
Number of Occupants in Vehicle			Number of Occupants in Vehicle								
Owner (Last Name First)			Owner (Last Name First)								
As above			As above								
Address			Address								
Telephone No.			Telephone No.								
Postal Code			Postal Code								
Insurance Company and Policy No.			Insurance Company and Policy No.								
None			None								
LVRN No.			LVRN No.								
Lic. Class Required			Lic. Class Required								
Loaded/Unloaded			Loaded/Unloaded								
Approx. Speed Km/hr			Approx. Speed Km/hr								
Make Year Model Colour			Make Year Model Colour								
Plate No.			Plate No.								
Prov.			Prov.								
Owner (Last Name First)			Owner (Last Name First)								
As vehicle above			As vehicle above								
Address			Address								
Telephone No.			Telephone No.								
Postal Code			Postal Code								
Insurance Company and Policy No.			Insurance Company and Policy No.								
As Vehicle Above			As Vehicle Above								
Investigating Officer's Description of Accident & Diagram											
						Lane/Speed					
						Number of Lanes					
						Posted Speed Max. Advisory					
						R1					
						R2					
						Description of Code(s) 97, 98, 99					
						Unsubcribe Damage to Other Property					
						Person and/or Agency Advised					
						Y M D Time					
No. Involved Persons - injured taken to/by			Independent Witness - Name								
Vehicle taken to/by			Persons Charged - Section and Art & P.O.T. No.								
V1			Persons Charged - Section and Art & P.O.T. No.								
V2			Persons Charged - Section and Art & P.O.T. No.								
Name of Coroner			Telephone No.								
Signature of Investigating Officer			Report completed Y M D								
Signature of Supervisor			Badge No. Y M D								
Involved Persons											
Veh. No. Ped. No.											
1											
2											
3											
4											
5 60 70 71											
72 73 74 75 76 77 78											

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All boxes must be completed by officers submitting Report. Specify all codes 97, 98, 99 on this Report



Motor Vehicle Accident Report

Report Type: <input type="checkbox"/> Original <input type="checkbox"/> Amended <input type="checkbox"/> Failed To Return		Accident Number	Page
Emergency Equipment at Attendance		Accident Date	Time
Name of Investigating Officer		Service Performed	Prod. Ident. No. (PTN)
Name of Submitting Police Force		Badge No.	Dangerous Goods Involvement
Location: R1 Trafficway		MTU Use Only	Highway
Reference Point		Distance	Unit
Municipality		Keypoint/Geocode	Dist.
County District Reg. Municipality		Chrst	Hamp No.
Driver 1 (Last Name First)		Driver 2 (Last Name First)	
Address		Address	
Telephone No.		Telephone No.	
Postal Code		Postal Code	
Driver's Licence No.		Driver's Licence No.	
Prov. Class. Cont.		Prov. Class. Cont.	
Sex DOB (Y/M/D) Proper Licence to Drive Class of Vehicle		Sex DOB (Y/M/D) Proper Licence to Drive Class of Vehicle	
Suspended Driver		Suspended Driver	
Breathalyzer, Blood Test, Alcol		Breathalyzer, Blood Test, Alcol	
Make Year Model Colour Body Style		Make Year Model Colour Body Style	
Ar Brake Plate No. Prov. Number of Occupants in Vehicle		Ar Brake Plate No. Prov. Number of Occupants in Vehicle	
Owner (Last Name First)		Owner (Last Name First)	
As above		As above	
Address		Address	
Telephone No.		Telephone No.	
Postal Code		Postal Code	
Insurance Company and Policy No.		Insurance Company and Policy No.	
None		None	
CVOH No. Lic. Class Required Loaded Unloaded Approx. Speed Km/Hr		CVOH No. Lic. Class Required Loaded Unloaded Approx. Speed Km/Hr	
Make Plate No. Prov.		Make Plate No. Prov.	
Owner (Last Name First)		Owner (Last Name First)	
As vehicle above		As vehicle above	
Address		Address	
Telephone No.		Telephone No.	
Postal Code		Postal Code	
Insurance Company and Policy No.		Insurance Company and Policy No.	
As Vehicle Above		As Vehicle Above	
Investigating Officer's Description of Accident & Diagram 			
Lanes/Speed		Number of Lanes	
R1		Posted Speed Max. Advisory	
R2		Descriptions of Codes 97, 98, 99	
Describe Damage to Other Property		Person and/or Agency Advised	
No. Involved Persons - Injured Taken To/By		Independent Witnesses - Name	
Vehicle Taken To/By		Persons Charged - Section and Act & P.C.T. No.	
Name of Coroner		If School Age Child Involved, Indicate School Name	
Signature of Investigating Officer		Signature of Supervisor	
Report completed		Badge No.	
Y M D		Y M D	
Involved Persons		Involved Persons	
Veh. No. Ped. No.		Veh. No. Ped. No.	
1		1	
2		2	
3		3	
4		4	
5 69 70 71		72 73 74 75 76 77 78	

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All boxes must be completed by officers submitting Report.
Specify all codes 97, 98, 99 on this Report



Motor Vehicle Accident Report
Rapport d'accident de
véhicule automobile

Report Type: <input type="checkbox"/> Original <input type="checkbox"/> Amended <input type="checkbox"/> Failed To Remain		Accident No. / N° de l'accident		Page	
Time Officer Arrived at Police Force Reported to:		Emergency Equipment in Attendance		Service Performed	
Name of Investigating Officer / Nom du policier chargé de l'enquête		Prod. Ident. No. (P.I.N.I.)		Dangerous Goods Involvement	
Name of Submitting Police Force / Nom du corps policier		MTO Use Only		Highway	
Location (R1) / Référence (R1) / Point de référence		Municipality / Municipalité		County District, Hwy. / Municipalité / Comté, district du municipalité rég.	
Driver (Last Name First) / Conducteur (nom de famille d'abord)		Code		Driver (Last Name First) / Propriétaire (nom de famille d'abord)	
Address / Adresse		Tel. No. / N° de tél.		Address / Adresse	
Postal Code / Code postal		Postal Code / Code postal		Postal Code / Code postal	
Driver's Licence No. / No. du permis de conduire		Prov. / Class. Cond.		Driver's Licence No. / No. du permis de conduire	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F (Y.M.D.)		Proper Licence to Drive Class of Vehicle: <input type="checkbox"/> Y <input type="checkbox"/> N		Sex: <input type="checkbox"/> M <input type="checkbox"/> F (Y.M.D.)	
Subsequent Driver: <input type="checkbox"/> Y <input type="checkbox"/> N		Demerits / Points: <input type="checkbox"/> Y <input type="checkbox"/> N		Subsequent Driver: <input type="checkbox"/> Y <input type="checkbox"/> N	
Male / Masculin: <input type="checkbox"/> Y <input type="checkbox"/> N		Female / Féminin: <input type="checkbox"/> Y <input type="checkbox"/> N		Male / Masculin: <input type="checkbox"/> Y <input type="checkbox"/> N	
Air Brake: <input type="checkbox"/> Y <input type="checkbox"/> N		Number of Occupants in Vehicle		Air Brake: <input type="checkbox"/> Y <input type="checkbox"/> N	
Owner (Last Name First) / Propriétaire (nom de famille d'abord)		Code		Owner (Last Name First) / Propriétaire (nom de famille d'abord)	
As Above / Même que ci-dessus		As Above / Même que ci-dessus		As Above / Même que ci-dessus	
Address / Adresse		Tel. No. / N° de tél.		Address / Adresse	
Postal Code / Code postal		Postal Code / Code postal		Postal Code / Code postal	
Insurance Company and Policy No. / Compagnie d'assurance et no. de police		Insurance Company and Policy No. / Compagnie d'assurance et no. de police		Insurance Company and Policy No. / Compagnie d'assurance et no. de police	
None / Aucune		None / Aucune		None / Aucune	
CVQR No.		Lic. Class Required		CVQR No.	
Loaded / Unloaded		Approx. Speed Km/hr		Loaded / Unloaded	
Make / Marque		Plate No. / N° de plaque d'immatriculation		Make / Marque	
Owner (Last Name First) / Propriétaire (nom de famille d'abord)		Code		Owner (Last Name First) / Propriétaire (nom de famille d'abord)	
As Vehicle Above / Même que ci-dessus		As Vehicle Above / Même que ci-dessus		As Vehicle Above / Même que ci-dessus	
Address / Adresse		Tel. No. / N° de tél.		Address / Adresse	
Postal Code / Code postal		Postal Code / Code postal		Postal Code / Code postal	
Insurance Company and Policy No. / Compagnie d'assurance et no. de police		Insurance Company and Policy No. / Compagnie d'assurance et no. de police		Insurance Company and Policy No. / Compagnie d'assurance et no. de police	
None / Aucune		None / Aucune		None / Aucune	

Comments / Commentaires

Personal information on this form is collected under the authority of s. 205 of the Ontario Highway Traffic Act and is used to maintain a record of motor vehicle accidents in Ontario. If you have any questions about the collection and use of your personal information collected on this form, please call the Supervisor, ServiceOntario, at 416 235-2999 or 1 800 387-3445 or write to the Supervisor, Ministry of Transportation, Licensing Administration and Support Office, Main Floor, Building A, 1201 Wilson Ave., Downsview ON M3M 1J8. Direct general inquiries to ServiceOntario, at 416 235-2999 or 1 800 387-3445 or visit www.ServiceOntario.ca. / Les renseignements personnels de ce formulaire, recueillis en vertu de l'article 205 du Code de la route, servent à maintenir le registre des accidents automobiles en Ontario. Si vous avez des questions sur la collecte et l'utilisation des renseignements personnels fournis dans le présent formulaire, veuillez téléphoner au Superviseur, ServiceOntario, au 416 235-2999 ou 1 800 387-3445 ou écrire au Superviseur, ministère des Transports, Bureau d'administration et de soutien - permis et immatriculation, rez-de-chaussée, édifice A, 1201, avenue Wilson, Downsview ON M3M 1J8. Pour obtenir des renseignements généraux, veuillez communiquer avec ServiceOntario, au 416 235-2999 ou 1 800 387-3445 ou vous rendre à www.ServiceOntario.ca.



Motor Vehicle Accident Report
Rapport d'accident de
véhicule automobile

Report Type <input type="checkbox"/> Original <input type="checkbox"/> Amended <input type="checkbox"/> Failed To Return		Accident No. / N° de l'accident		Page Of	
Time Officer Arrived or Police Force Reported to		Emergency Equipment in Attendance		Service Performed	
Name of Investigating Officer / Nom du policier chargé de l'enquête		Barge No. / No d'assigne		Prod. Ident. No. (P.I.N.) / Dangerous Goods Declaration No.	
Name of Submitting Police Force / Nom de votre police		MTD Use Only		Highway Distance Unit Dir.	
Location Rt. / Autoroute / Voie publique		Distance		Check as applicable: <input type="checkbox"/> M <input type="checkbox"/> Km <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> T	
Rd. / Route / Rue		Municipality / Municipalité		County District / Comté / District ou municipalité reg.	
Driver / Conducteur Driver (Last Name First) / Conducteur (nom de famille d'abord)		Code		Driver / Conducteur Driver (Last Name First) / Conducteur (nom de famille d'abord)	
Address / Adresse		Tel. No. / N° de tél.		Address / Adresse	
Postal Code / Code postal				Postal Code / Code postal	
Driver's License No. / No du permis de conduire		Prov. Class Cond.		Driver's License No. / No du permis de conduire	
Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Y <input type="checkbox"/> N		Project License to Drive Class of Vehicle <input type="checkbox"/> Y <input type="checkbox"/> N		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Y <input type="checkbox"/> N	
Suspended Driver <input type="checkbox"/> Y <input type="checkbox"/> N		Blood Test <input type="checkbox"/> Y <input type="checkbox"/> N		Suspended Driver <input type="checkbox"/> Y <input type="checkbox"/> N	
Blood Test <input type="checkbox"/> Y <input type="checkbox"/> N		Alcohol <input type="checkbox"/> Y <input type="checkbox"/> N		Blood Test <input type="checkbox"/> Y <input type="checkbox"/> N	
Alcohol <input type="checkbox"/> Y <input type="checkbox"/> N		Alcohol <input type="checkbox"/> Y <input type="checkbox"/> N		Alcohol <input type="checkbox"/> Y <input type="checkbox"/> N	
Males / Mâles <input type="checkbox"/> Y <input type="checkbox"/> N		Males / Mâles <input type="checkbox"/> Y <input type="checkbox"/> N		Males / Mâles <input type="checkbox"/> Y <input type="checkbox"/> N	
Air Brake <input type="checkbox"/> Y <input type="checkbox"/> N		Air Brake <input type="checkbox"/> Y <input type="checkbox"/> N		Air Brake <input type="checkbox"/> Y <input type="checkbox"/> N	
Owner (Last Name First) / Propriétaire (nom de famille d'abord)		Code		Owner (Last Name First) / Propriétaire (nom de famille d'abord)	
Address / Adresse		Tel. No. / N° de tél.		Address / Adresse	
Postal Code / Code postal				Postal Code / Code postal	
Insurance Company and Policy No. / Compagnie d'assurance et no de police				Insurance Company and Policy No. / Compagnie d'assurance et no de police	
Name / Nom				Name / Nom	
CVOR No.		Lic. Class Required <input type="checkbox"/> Loaded <input type="checkbox"/> Unloaded		CVOR No.	
Mileage / Kilomètres		Mileage / Kilomètres		Mileage / Kilomètres	
Driver (Last Name First) / Propriétaire (nom de famille d'abord)		Code		Driver (Last Name First) / Propriétaire (nom de famille d'abord)	
Address / Adresse		Tel. No. / N° de tél.		Address / Adresse	
Postal Code / Code postal				Postal Code / Code postal	
Insurance Company and Policy No. / Compagnie d'assurance et no de police				Insurance Company and Policy No. / Compagnie d'assurance et no de police	
Name / Nom				Name / Nom	

Comments / Commentaires

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