

VEMA Accident Report

MPI Claim Number	MPI Adjuster Name and Phone (if known)
Unit Number	Date of Accident
Location	

If you're in an accident . . .

1. **Call police/911** for any emergency, personal injury, theft or vandalism, including impaired or uninsured driver

2. **Collect information** about the driver(s) and involved vehicle(s), witnesses, photos where possible, including damage details

3. **Call MPI** to report the accident and obtain your claim number: In Winnipeg (204-985-7000); Outside Winnipeg (1-800-665-2410)
4. **Call your Vehicle Coordinator** to report the accidentCall VEMA at 1-800-363-6693 to report your accident.

5. **Complete this Accident Report** and forward to your vehicle coordinator, including photos, etc.

6. **Call VEMA (only if necessary)** to assist. Provide your unit number and organization: Toll-free (1-800-363-6693)

A. Organization

Organization/Branch		VEMA Customer Number	
Address			
Phone	Fax		E-mail

B. VEMA Vehicle

VEMA Unit Number	License Plate Number	Make/Model
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C. Driver

Name		Driver's License Number		Driver's License Expiry Date	
Day Phone	Evening Phone		Fax		E-mail
Name of Immediate Supervisor		Phone Number of Immediate Supervisor			

D. Occupants – Total Number of Occupants: _____ (not including driver)

(Please attach a separate sheet if more than one occupant was involved)

Name		Address			
Day Phone	Evening Phone		Fax		E-mail

E. Other Vehicles and Drivers – Total Number of Vehicles Involved: _____ (including your VEMA vehicle)

(Please attach a separate sheet if more than two vehicles were involved)

License Plate Number		Province/State of Plate		License Expiry Date	
If Not Manitoba Plates—Name of Insurance Company		If Not Manitoba Plates—Policy Number		If Not Manitoba Plates—Name of Agent and Address	
Year and Make			Model		
Driver's Name		Driver's License Number		Driver's License Expiry Date	
Address					
Day Phone	Evening Phone		Fax		E-mail
Vehicle Owner's Name (if not Driver)		Address			
Day Phone	Evening Phone		Fax		E-mail

F. The Accident

Date	Time (AM/PM)	Location	At the time of the accident was the vehicle being used for: (click to mark) <input type="checkbox"/> Business <input type="checkbox"/> Personal use
Light Conditions	Weather at Time of Accident	Type of Road Surface	Road Condition
Name of Witnesses (other than occupants)		Witness Phone	Witness Address
Had You Consumed any Drugs or Alcohol? (Click to mark box) <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, How Much	When
Did the Other Driver Appear to Have Been Impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Give any Details	
Direction of Vehicle	On What Road?	What Side of Road?	Speed
Direction of Other Vehicle	On What Road?	What Side of Road?	Speed
What Traffic Signals Were Present?			
Did you Give A Warning Signal? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Kind?	Which Lights Did You Have On (if any)?
Did the Other Driver Give A Warning Signal? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Kind?	Did the Other Driver Have their Headlights On? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Accident been Reported to Police? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did Police Attend the Scene of the Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Police Force
Police Officer's Name		Police Phone	Police File Number
Have the Police Charged Anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Person Charged	Nature of Charge

G. Injuries and Damage (please attach a separate sheet if you require more room.)

Nature of Damage to other Vehicles
Nature of Injuries to Drivers or Occupants
Nature of Damage to Unit

H. Driver's Detailed Description of How Accident, Loss or Mechanical Damage Occurred

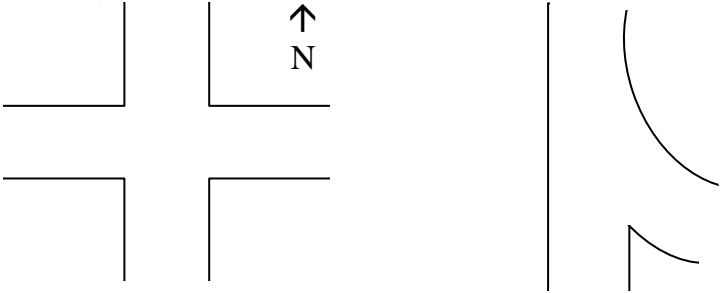
State Cause of Accident	
Driver Signature	Date

I. VEMA USE ONLY

Preventative and Corrective Action	
VEMA Vehicle Deductible	Maximum Insured Value

If helpful, illustrate the accident at right. Be sure to note:

- The name of all streets,
- Course of all cars involved, and
- Position of vehicles at instant of accident.



Copies of this form are available at www.vema.gov.mb.ca

Last Revision Date: April 28, 2016