|  |  |  |
| --- | --- | --- |
| **VEMA Accident Report** | MPI Claim NumberMPI Claim Number | MPI Adjuster Name and Phone (if known) MPI Adjuster Name (if known) |
|  | Unit Number NNNNN | Date of AccidentMM/DD/YY |
|  | LocationAccident Location |
| If you’re in an accident . . .1. Call Police if:
* A person is injured or there is a fatality.
* Your vehicle has been vandalized or subject to a hit and run or theft.
* The other driver is uninsured or driving with a suspended license.
* The other driver is impaired.
 | 1. Call MPI at 204-985-7000 or Toll-Free 1-800-665-2410 (outside of Winnipeg) to open a claim. Record your claim number above.
2. Call VEMA at 1-800-363-6693 to report your accident.
3. Send a copy of this form and any supporting pictures to VEMA Mail: 626 Henry Ave., Winnipeg, Manitoba R3A 1P7 Fax: 204-957-1109Email: vemainfo@gov.mb.ca (forms are available at www.vema.gov.mb.ca)
4. If applicable, forward copies of your completed form to your insurance officer, supervisor or appropriate organization contact
 |

1. Organization

|  |  |
| --- | --- |
| Organization/BranchOrganization / Branch | VEMA Customer NumberCustomer Number |
| AddressFull Address including Postal Code |
| Phone204-NNN-NNNN | Fax204-NNN-NNNN | E-mailuser@gov.mb.ca |

1. VEMA Vehicle

|  |  |  |
| --- | --- | --- |
| VEMA Unit Number NNNNN | License Plate NumberABC123 | Make/ModelMake and Model |

1. Driver

|  |  |  |
| --- | --- | --- |
| NameDriver Name | Driver’s License NumberLL-LL-LL-LNNNLL | Driver’s License Expiry DateMM/YY |
| Day Phone(204) - NNN-NNNN | Evening PhoneLL-LL-LL-LNNNLL | FaxLL-LL-LL-LNNNLL | E-mailuser@server.name |
| Name of Immediate SupervisorName of Supervisor | Phone Number of Immediate Supervisor(204) - NNN-NNNN |  |  |

1. Occupants – Total Number of Occupants: \_ NN \_ *(not including driver)
(Please attach a separate sheet if more than one occupant was involved)*

|  |  |
| --- | --- |
| NameOccupant Name | AddressFull Address including Postal Code |
| Day Phone(204) NNN-NNNN | Evening Phone(204) NNN-NNNN | Fax(204) NNN-NNNN | E-mailuser@server.name |

1. Other Vehicles and Drivers – Total Number of Vehicles Involved:  NN *(including your VEMA vehicle)
(Please attach a separate sheet if more than two vehicles were involved)*

|  |  |  |
| --- | --- | --- |
| License Plate NumberABC 123 | Province/State of PlateManitoba | License Expiry DateMM/YY |
| If Not Manitoba Plates—Name of Insurance CompanyName of Insurance Company | If Not Manitoba Plates—Policy NumberPolicy Number | If Not Manitoba Plates—Name of Agent and AddressName of Agent and Address |
| Year and Make Year and Make | Model Body Type: Sedan, Mini Van, etc. |
| Driver’s NameDriver Name | Driver’s License Number LL-LL-LL-LNNNLL | Driver’s License Expiry DateMM/YY |
| Address Other Driver's Full Address with Postal Code |
| Day Phone (204) NNN-NNNN | Evening Phone (204) NNN-NNNN | FaxLL-LL-LL-LNNNLL | E-mailuser@server.name |
| Vehicle Owner’s Name (if not Driver) Name of Owner | AddressOther Vehicle Owner's Full Address with Postal Code |
| Day Phone(204) NNN-NNNN | Evening Phone(204) NNN-NNNN | FaxLL-LL-LL-LNNNLL | E-mailuser@server.name |

1. The Accident

|  |  |  |  |
| --- | --- | --- | --- |
| Date MM/DD/YY | Time (AM/PM) NN:NN AM/PM | Location Location of Accident | At the time of the accident was the vehicle being used for: (click to mark)[ ]  Business [ ]  Personal use |
| Light Conditions Dawn, Day, Dusk, Dark | Weather at Time of Accident Weather, clear, cloudy, rain, snow, fog, ice | Type of Road Surface Road Surface | Road Condition Road Condition |
| Name of Witnesses (other than occupants) Name<s> of Witness<es> | Witness Phone (204) NNN-NNNN | Witness Address Witness's Full Address with Postal Code |
| Had You Consumed any Drugs or Alcohol? (Click to mark box)[ ]  Yes [ ]  No | If so, How Much Quantity of drinks and type | When When Consumed |
| Did the Other Driver Appear to Have Been Impaired?[ ]  Yes [ ]  No | Give any Details Details |
| Direction of Vehicle Direction | On What Road? Name of Road | What Side of Road? Side of Road | Speed NNN km/h |
| Direction of Other Vehicle Direction | On What Road? Name of Road | What Side of Road? Side of Road | Speed NNN km/h |
| What Traffic Signals Were Present? Traffic signals present |
| Did you Give A Warning Signal?[ ]  Yes [ ]  No | What Kind?Kind of Warning | Which Lights Did You Have On (if any)? Lights on |
| Did the Other Driver Give A Warning Signal?[ ]  Yes [ ]  No | What Kind? Kind of warning | Did the Other Driver Have their Headlights On?[ ]  Yes [ ]  No |
| Has the Accident been Reported to Police?[ ]  Yes [ ]  No | Did Police Attend the Scene of the Accident?[ ]  Yes [ ]  No | Name of Police Force Police Force Name |
| Police Officer’s Name Officer's Name | Police Phone (204) NNN-NNNN | Police File Number File Number |
| Have the Police Charged Anyone?[ ]  Yes [ ]  No | Name of Person Charged Name Charged Person | Nature of Charge Nature of Charge |

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

|  |
| --- |
| Nature of Damage to other Vehicles Nature of Damage - other vehicle |
| Nature of Injuries to Drivers or Occupants Nature of Injuries |
| Nature of Damage to Unit Nature of damage to Unit |

1. Driver’s Detailed Description of How Accident, Loss or Mechanical Damage Occurred

|  |
| --- |
| Driver’s Detailed Description of How Accident, Loss or Mechanical Damage Occurred |
| State Cause of AccidentState cause of Accident |
| Driver Signature | DateMM/DD/YY |

1. VEMA USE ONLY

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| --- |
| Preventative and Corrective Action |
| VEMA Vehicle Deductible | Maximum Insured Value |

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

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# N

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



626 Henry Avenue, Winnipeg, Manitoba R3A 1P7

Phone: 1-800-363-6693 Fax: 204-957-1109

Copies of this form are available at [www.vema.gov.mb.ca](http://www.vema.gov.mb.ca)

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