

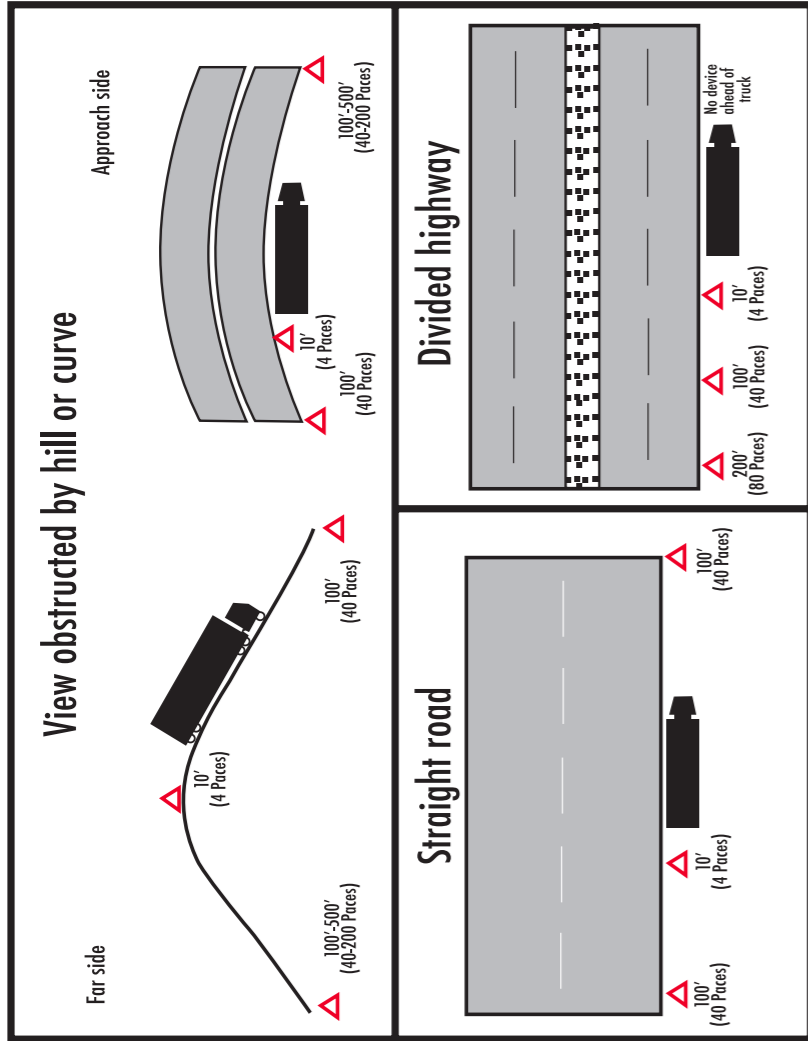
△ PLACEMENT

Avoid stopping on pavement.

Turn on 4-way flashers.

Set up reflective triangles.

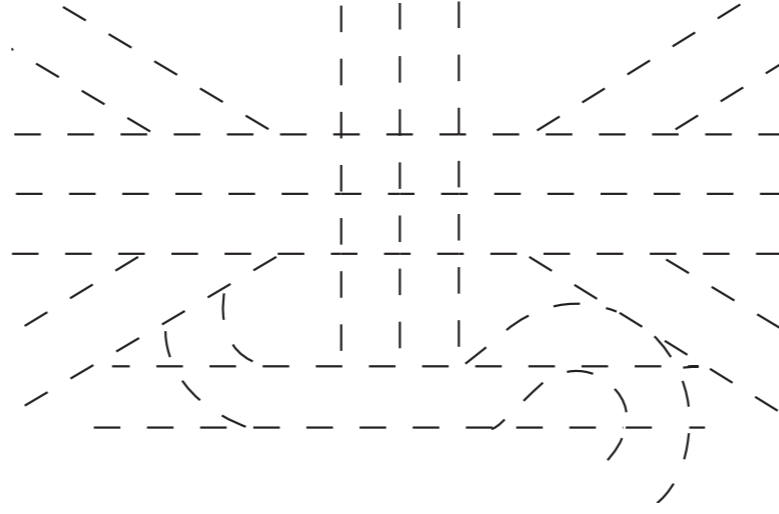
Step off distances to place triangles, working first towards closest approaching traffic.



Canada
Claims Toll Free Line
800-228-8046

THE ACCIDENT

Indicate below the Points of Collision



N () Draw arrow to show North.

ROAD SURFACE (concrete, gravel, blacktop, etc.)

ROAD CONDITIONS (dry, snowy, wet, icy, etc.)

WEATHER CONDITIONS (fair, raining, fog, etc.)

LIGHT CONDITIONS (daylight, dusk, etc.)

Explain in your own words what happened:



OLD REPUBLIC CANADA

Insurance that's with you... mile after mile!

REPORT ALL ACCIDENTS IMMEDIATELY

POST-ACCIDENT CHECKLIST

SECURE THE SCENE

- STOP. Turn on your emergency flashers, and shut down your vehicle. DO NOT move your vehicle until the police instruct you to do so.
- Set out warning devices and **protect the scene**. Assist the injured, but do not move anyone - wait for medical assistance.
- In the event of an environmental spill, only when safe to do so, contain the spill from further environmental damages.

NOTIFY THE AUTHORITIES

- Call the police and request medical assistance, if needed.
- Call your company and Old Republic Canada to report the accident (details on back regarding what information may be collected).
- Cooperate with the police by providing information as required by law (with no admission of fault or apology).

DOCUMENT THE ACCIDENT

- Give your name, address, company name and address, vehicle license number, operator's license, and insurance information to the police and other party involved. Secure this information from the other party as well.



OLD REPUBLIC INSURANCE GROUP

Call Day or Night (800) 228-8046

- Don't sign anything or make any statements except to the police, your company, or Old Republic Canada.
- Secure your vehicle from theft and further damage. Remain at the scene until all requirements are met.
- Secure logs, shipping documents, and bills of lading.
- Take pictures** of the general scene and vehicles, including:
 - Pictures of licence plates of all involved parties as well as witnesses.
 - The roadway from all angles, from the proper perspective, including any skid marks.
 - Any traffic signals or signs applicable to the crash scene.
 - Vehicles and cargo involved in the crash from varying distances.
 - Retain dash cam videos.

Tow company: _____
 Contact: _____ Phone: _____
 Location of equipment: _____

When calling Old Republic Canada, you may be asked about claim-related details, such as:

- *Old Republic Canada policy number (located on pink liability slip)*
- *Motor carrier/driver/equipment information (contact info, make, model, year, VIN)*
- *Injured party information (name, address, phone number, types of injuries)*
- *Property damage information (description, owner, contact info, types of damage)*

NOTES: _____

Old Republic Canada Accident Report Number: _____
 Police Report Number: _____

INSURED DRIVER & VEHICLE OPERATING

Insured Name _____
 City _____ Province _____ Postal Code _____
 Insured Driver's _____
 Phone _____
 Tractor # _____ Year _____ Make _____
 Serial # _____
 Tractor # _____ Year _____ Make _____
 Serial # _____
 Commodity Hauling _____
 Policy Number(s) _____

INJURED PERSON(S)

1. Name _____ Phone _____
 Address _____ Age _____
 2. Name _____ Phone _____
 Address _____ Age _____
 3. Name _____ Phone _____
 Address _____ Age _____
 4. Name _____ Phone _____
 Address _____ Age _____

DAMAGE TO PROPERTY

(Other than vehicle)

Owner _____
 Address _____
 What property is damaged? _____

WITNESSES

1. Name _____ Phone _____
 Address _____
 2. Name _____ Phone _____
 Address _____

THE ACCIDENT

Date _____ Time _____
 Location _____
 City _____ Province _____

#2 Driver's Name _____
 License No. _____ Address _____
 City _____ Province _____ Postal Code _____
 Phone _____
 VEH License No. _____ Yr/Make VEH _____
 Owner _____
 Address _____
 Insurance Company _____
 Policy Number _____

#3 Driver's Name _____
 License No. _____ Address _____
 City _____ Province _____ Postal Code _____
 Phone _____
 VEH License No. _____ Yr/Make VEH _____
 Owner _____
 Address _____
 Insurance Company _____
 Policy Number _____

Police Department _____
 Officer _____ Badge # _____
 Phone _____
 Was anyone given a citation or arrested? _____
 If yes, what were the charges? _____

Did Police make a report? Yes or No Report# _____
 Did Police take photos? Yes or No

On back of brochure - indicate how the accident occurred and explain the circumstances)