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MOTOR VEHICLE ACCIDENT REPORT
Please fax to (416) 597-6811

DATE:

Form with sections: INSURER, POLICY HOLDER, GST, DRIVER / VEHICLE, LOSS / ACCIDENT, OTHER PARTY, POLICE, PERSONS INJURED, WITNESSES, and Consent/Signature/Date.

DIAGRAM

(Illustrate position of cars at time of collision. Show skid marks.)
(If any street is more than two-lane or is one way only, please indicate.)

SHOW CARS AS FOLLOWS

