CRC
COLLISION REPORTING CENTERS
OF NORTH AMERICA LTD.

PIN NO: _____
CASE NUMBER: _____
TODAYS DATE/TIME: _____

HIT AND RUN MOTOR VEHICLE COLLISION REPORT STATEMENT

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY/PROV: _____

POSTAL CODE: _____ HOME PH.: ( ) _____ CELL PH.: ( ) _____

DATE AND TIME OF COLLISION: _____

LOCATION OF COLLISION: _____

TIME PARKED: _____ **TIME RETURNED:** _____

DESCRIBE DAMAGE TO VEHICLE: _____

ROAD/WEATHER CONDITIONS: _____

DIRECTION YOU WERE FACING: **NORTH** **SOUTH** **EAST** **WEST** **(CIRCLE DIRECTION)**

I WILL STATE:

I consent to any and all information contained within this statement and form, including the accident report to which this statement relates, to persons or agencies, directly or indirectly affected by the motor vehicle collision, including but not limited to insurance companies or their representatives, property owners, investigators and legal representatives acting on their behalf.

SIGNATURE: _____