



POLICE REPORTING CENTRE HOURS:
7 am to 11 pm daily

**REPORT
IMPAIRED DRIVERS**



CALL 9-1-1

**OPERATION
LOOKOUT**

**arrive alive
DRIVE SOBER.**
arrivealive.org



POLICE REPORTING CENTRE

1001 Brydges Street

London, ON N5W 2B5

Phone: 519.661.2664

www.londonpolice.ca

f LPS.Ontario

t @LPSMediaOffice

LP1044B - March 2018

**POLICE REPORTING
CENTRE**



**DEEDS
NOT
WORDS**

www.londonpolice.ca



The London Police Reporting Centre is the facility where drivers report motor vehicle collisions that do not require police to attend the scene.

It only accepts reports of collisions that occur within the City of London.

Highway Traffic Act:
Requires that every person directly or indirectly involved in a collision shall report forthwith to the police if it resulted in:

- Injuries, or
- Property damage apparently exceeding \$2000, or
- Damage to highway property.

WHEN TO CALL THE POLICE?

Police will attend collisions involving:

1. Serious injury or death
2. Criminal activity such as:
 - Impaired driving
 - Stolen vehicle
 - Assault
3. A government vehicle
4. Vehicles transporting dangerous goods
5. Pedestrians or cyclists
6. Damage to private, municipal or highway property
7. A tow is required and the Police Reporting Centre is closed for the day,
8. Hit-and-run collision if the suspect vehicle or driver is identifiable.

WHAT TO DO IF YOU ARE IN A COLLISION

If the collision does not require police to attend, take the following steps:

1. If it is safe to do so, move your vehicle off of the road.
2. Exchange information with the other driver, including name, address, phone number, vehicle description and insurance company name and policy number.
3. Obtain name and contact information of any witnesses.
4. If it is safe to drive your vehicle, bring it to the Police Reporting Centre as soon as possible. If it is not safe to drive, have it towed directly to the Police Reporting Centre between 7 am and 11 pm. If the centre is closed and your vehicle is not safe to drive, contact police and an officer will attend.

OTHER DRIVER/VEHICLE DETAILS

DRIVER: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE: _____

ALTERNATE PHONE: _____

DRIVER'S LICENCE #: _____

LICENCE PLATE: _____

VEHICLE MAKE: _____

OWNER: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE: _____

ALTERNATE PHONE: _____

INSURANCE DETAILS

INSURANCE COMPANY: _____

POLICY NUMBER: _____

WITNESS INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE: _____

ALTERNATE PHONE: _____