



POLICE REPORTING CENTRE HOURS: 7 am to 11 pm daily



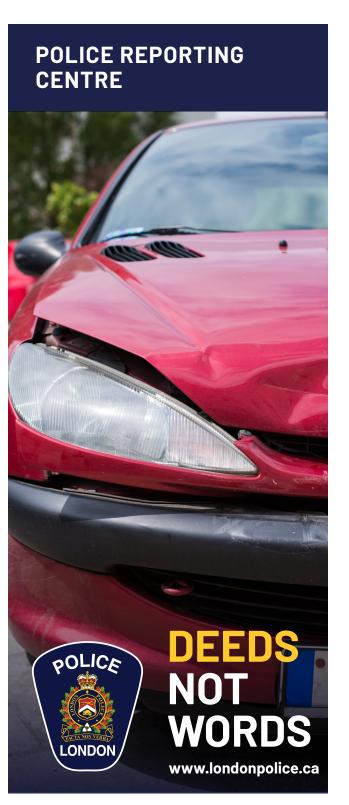


POLICE REPORTING CENTRE

1001 Brydges Street London, ON N5W 2B5 Phone: 519.661.2664 www.londonpolice.ca

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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
- 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: