		AUTO	MOBIL	E A	CCIDENT REPOR	T		C	LAI	M NUMBER	
INSU				A	GENT OR BROKER:						
Dom	inion of Canada			Th	ne MAGNES Group Inc	D.					
	NAME OF INSURED:			RES. PHONE #:		BUS. PHONE #:			POLICY NUMBER:		
ED	Carter Lease and Rentals Inc.				5-527-9083						
INSURED	HOME ADDRESS				BUSINESS ADDRESS						
ISN	175 Ferguson Ave. N										
Ι	Hamilton, ON L8L 8E	<u>-</u> 4									
	REGISTERED OWNER:			ADDRESS:							
	Carter Lease and Re	entals Inc			175 Ferguson Ave. N, Hamilton, ON, L8L 8E4						
VEHICLE	ACTUAL OWNER:					ADDRESS:					
	Same										
	MAKE OF VEHICLE:	YEAR	:	MODEL:		SERIAL:			LICEN	ICE NO. & PROVINCE:	
	North an			D.							
	MILEAGE:	DESCI	RIBE DAMAG	E:					ESTIM	IATE OF DAMAGE:	
	NAME OF DRIVER		AGE:		STATE ANY PHYSICAL DISA	DICARII ITIES:				HOW LONG DRIVING:	
	NAME OF DRIVER		AGE:		STATE ANT PHISICAL DISA	ABILITIES:			пом	LONG DRIVING:	
	ADDRESS				BUSINESS ADDRESS:						
					BOSINESS TIDINESS.						
	RESIDENCE PHONE					BUSINESS PHONE:					
	DRIVER'S LICENCE NO:		P	OUS ACCIDENTS OR CONVICTI	TIONS:						
ER	DATE OF ACCIDENT 1	OF ACCIDENT TIME:			DAYLIGHT DUSK	LOCATION OF ACCIDENT:					
DRIVER					DARK						
DF	PURPOSE OF TRIP AT TIME	PURPOSE OF TRIP AT TIME OF ACCIDENT			HER CONDITIONS:	ROAD CONDITIONS		OITIONS:	S:		
	WOLID GDEED										
	YOUR SPEED: Di				TION:	OTHER'S SPEED:			DIRECTION:		
	POLICE INVESTIGATION BY:					CHARGES:					
						CITICOLS.					
	HAD YOU CONSUMED ANY ALCOHOL OR WHO WA				AS RESPONSIBLE FOR THE AC	CCIDENT - REASON:					
	DRUGS PRIOR TO THE ACCIDENT? YES NO										
	NAME:			PHONE:		NAME:		PHONE:			
	ADDRESS:					ADDRESS:					
	ADDRESS.					ADDRESS:					
RS	YEAR AND MAKE OF VEHICLE:			LICENCE NO.:		YEAR AND MAKE OF VEHICLE:			LICENCE NO.:		
HE											
OT	NAME OF INSURER			OLICY	7 NO.:	NAME OF INSURER:			POLICY NO.:		
OF											
LX (DESCRIPTION OF DAMAGE:				DESCRIPTION OF DAMAGE:						
PROPERTY OF OTHER	WHERE CAN VEHICLE BE	Manegren			WHERE CAN VEHICLE BE INSPECTEDS						
	WHERE CAN VEHICLE BE I	NSPECTED!	•		WHERE CAN VEHICLE BE INSPECTED?						
PR	NAME OF DRIVER:			HONE		NAME OF DRIVER:			PHONE:		
]						The state of the s					
	ADDRESS:		<u> </u>		ADDRESS:						
	NAME AGE			ADDRESS		PHONE	ONE NATURE OF ILL		NESS HOSPITAL		
Q											
REI											
JU											
Z											
SNO											
PERSONS INJURED											
						, ,					
						, ,					

	NAME:	NAME:	NAME:							
WITNESSES	ADDRESS:	ADDRESS:	ADDRESS:							
			1.05.433.							
ES	PHONE.	PHONE.	PHONE.							
III										
M	IN WHICH CAR? YOUR CAR OTHER CAR #1	IN WHICH CAR? YOUR CAR OTHER CAR #1	IN WHICH CAR? YOUR CAR OTHER CAR #1							
	OTHER CAR #2 OTHER	OTHER CAR #2 OTHER	OTHER CAR #2 OTHER							
	DESCRIPTION OF ACCIDENT									
(Illustrate position of cars at the time of collision. Show skid marks.) (If any street is more than two-lane or is one way only, please indicate)										
	(if any street is more than two-lane of i	s one way only, please indicate)	2445.00 (PM-25%)							
	SHOW CARS THUS									
-	YOU OTHER	i 240 i								
	A 1	1 1 1 1 1								
	2	I INDICATE I DIRECTIONS	_ / /							
		/ / /								
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 1 1							
	<i>></i> -/	-ii	1 1 1							
			1 1							
		i i	i							
		1 1	1 1 1							
	SHOW STOP OR SLOW	LABEL EACH STREET	j							
	SIGNS	1 1	i							
		!								
		i l i l	i							
	₹ <u>.</u>	20 101 5	4 4							
ACCI	DENT DESCRIPTION:									
DATE:		SIGNATURE OF DRIVER								