



Motor Vehicle Accident Report

SPO9051166

EXHIBIT 47a Ver 1

1 01

Report Type Original Amended Failed To Remain

Accident Number 11-09-00296 Page 1 of 1

Accident Date 09/03/15 SUN 04:21

Time Officer Arrived or Police Force Reported to: 04:54

Name of Investigating Officer: JACK, MICHAEL

Name of Submitting Police Force: O.P.P.

Emergency Equipment in Attendance: SMITH FD

Service Performed: TRAFFIC CONTROL

Dangerous Goods Involvement: 01

Prod. Ident. No. (P.I.N.): 02

Badge No.: 12690

Div./Dist./Det.: PTBO COUNTY

Plat/Squad: A

2 11

3

Location R1 Trafficway: CTY RD 23 200 M. Km. N. S. E. W.

R2 Reference Point: CTY RD 18

Municipality: SMITH-ENNSHORE-LAKEFIELD TWP

County, District, Reg. Municipality: PETERBOROUGH

4 01

5

Driver 1 Driver (Last Name First): ABBOTT, CAROLYN Code: 2

Address: 890 WEBBER AVE Telephone No.: 705-742-4222

PETERBOROUGH, ON Postal Code: K9J5Y1

Driver's Licence No.: A1013-11347-55812 Prov.: ON Class: G2

Sex: F D.O.B. (Y/M/D): 750812 Proper Licence to Drive Class of Vehicle: Y N Suspended Driver: Y N Breathalyzer/Blood Test Admin.: Y N

6 07

7 10

8

Vehicle Indirectly Involved

Make: DODG Year: 04 Model: DUR Colour: BLK Body Style: SUV

Air Brake: Y N Plate No.: BEXH225 Prov.: ON Number of Occupants in Vehicle: 3

Owner (Last Name First): MCLEOD, ROBERT

Address: 381 ASSINIBOINE TRAIL Telephone No.:

MISSISSAUGA, ON Postal Code: L5R 2E6

Insurance Company and Policy No.: RBC INSURANCE #21288150

9 02

10 01

11 01

12 01

13 01

14 01

15 01

16 01

17 01

18 01

19 01

20 01

Trailer

CVOR No.:

Lic. Class Required: Loaded Unloaded Approx. Speed Km/hr.:

Make: Plate No.: Prov.:

Owner (Last Name First):

Address: Telephone No.:

Postal Code:

Insurance Company and Policy No.:

21 01

22 01

23 01

24 01

25 01

26 01

27 01

28 01

29 01

30 01

31 01

32 01

Investigating Officer's Description of Accident & Diagram

VI WAS N/B ON R1

VI SWERVED TO THE LEFT, THEN TO THE RIGHT, RAN OFF THE ROADWAY, ENTERED THE DITCH, ROLLED OVER, CAME TO REST ON ITS TOP.

R1

33 10

34

35 01

36

37

38

Lanes/Speed

	Number of Lanes	Posted Speed Max.	Advisory
R1	2	80	
R2			

Describe Damage to Other Property: Person and/or Agency Advised: Y M D Time:

39

40

No. Involved Persons - Injured Taken To/By

1 PTBO HOSPITAL / AMBULANCE

2 PTBO HOSPITAL / AMBULANCE

3 PTBO HOSPITAL / AMBULANCE

Independent Witnesses - Name

KOT, CONNIE (705-652-6076)

1282 CTY RD. 23

Vehicle Taken To/By

V1 BELL'S GARAGE / BELL'S TOW

Persons Charged - Section and Act & P.O.T. No.:

41

42

43

44

45

46

47

48

49

50

51

52

53

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56

57

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61

Name of Coroner: Telephone No.:

Signature of Investigating Officer: Report completed on 09/03/15

Signature of Supervisor: Badge No. Y M D

62

63

64

65

66

67

68

Involved Persons

Veh. No.	Pert. No.	Name	Address	Phone	Sex	Age	Class	Cond.
1	1	DAISLE, DONNA	910 WEBBER AVE. PTBO	705-761-3162	F	03	2	3 1 1
2	1	KITCHEMOKAMAN, DELBERT	287 PARKMILL RD, PTBO	705-874-6995	M	05	2	3 1 1



Motor Vehicle Accident Report

SPO9109666

1 01

Report Type Original Amended Failed To Remain

Accident Number 11-09-00444 Page 1 of 1
Accident Date 09 05 24 SUN 15:40

02 42

2 11
3 11

Time Officer Arrived or Police Force Reported to: 16:08
Emergency Equipment in Attendance: QCM FIRE RESCUE
Service Performed: TRAFFIC CONTROL
Prod. Ident. No. (P.I.N.): 02 43
Name of Investigating Officer: JACK, Michael
Badge No.: 12690
Div./Class/Det.: 1100
Plat/Squad: A 0 44

4 01
5 01

Name of Submitting Police Force: PETERBOROUGH COUNTY O.P.P.
MTO Use Only: Highway
Distance Unit: Dir.
Location R1: Trafficway COUNTY ROAD 507 2
Reference Point R2: OSSIE TRAYNOR ROAD
Municipality: GALWAY
County, District, Reg. Municipality: LAVENDHAM-HARVEY TWP PETERBOROUGH

07 45

6 01
7 10

Driver 1: DESBIENS JOHN P
Address: 429 DOWNIE ST.
Telephone No.: 705-927-0109
Postal Code: K9H 4J5
Driver's Licence No.: D2795-40777-10810
Prov.: ON
Class: G
Sex: M
D.O.B. (Y/M/D): 7/10810
Proper Licence to Drive Class of Vehicle: Y
Suspended Driver: N
Breathalyzer, Blood Test, Admin.: N

01 46

01 47

8 01
9 02
10 01

Vehicle 1: Make FORD Year 08 Model ESCAPE Colour BLUE Body Style SUV
Air Brake: Y Plate No.: B8TH307 Prov.: ON
Number of Occupants in Vehicle: 3
Owner (Last Name First): As above
Address: As above
Telephone No.: As above
Postal Code: As above
Insurance Company and Policy No.: PERTH INSURANCE COMPANY
POL # 4105870
CVOR No.: 6
Lic. Class Required: Loaded Unloaded
Approx. Speed Km/hr.: 80

20 48

0 49

60 50

06 51

26 52

08 53

0 54

0 55

0 56

0 57

0 58

0 59

0 60

0 61

11 01
12 01

Trailer: Insurance Company and Policy No.: As Vehicle Above

13 01
14 01

Trailer: Insurance Company and Policy No.: As Vehicle Above

15 01
16 04
17 01
18 01
19 01
20 01

Trailer: Insurance Company and Policy No.: As Vehicle Above

Investigating Officer's Description of Accident & Diagram
VI S/R R1 IN LI AT REPORTED SPEED
SMALL ANIMAL CROSSED R1 IN FRONT OF VI
VI SWERVED TO AVOID RUNNING OVER THE ANIMAL, ENTERED DRIVEWAY RIGHT SHOULDER, ENTERED EMBARKMENT (DITCH) AND HIT THE DRIVEWAY EMBARKMENT, ROLLED OVER, CAME TO REST ON THE FENCE LINE FACING NORTH
DRIVEWAY 2248 CTY RD 507
0.2M
7.2M
A VI R1

13 62

17 63

64 64

65 65

66 66

67 67

68 68

21 01
22 01
23 01
24 01

25 01
26 01
27 01
28 01
29 01
30 01

31 01
32 01

Lanes/Speed	Number of Lanes	Posted Speed	
		Max.	Advisory
R1	2	80	
R2			

Descriptions of Code(s) 97, 98, 99

33 01
34 01
35 01

Describe Damage to Other Property: FENCE - 2 SECTIONS
Person and/or Agency Advised: JACKSON, INA - OWNER
Y 09 M 05 D 24 Time 16:00

36 01
37 01
38 01

No. Involved Persons - Injured Taken To/By:
1 TREATED AT SCENE
2 TREATED AT SCENE
3 TREATED AT SCENE
Independent Witnesses - Name: JACKSON, INA 2248 CTY RD 507

Error Entry

39 01
40 01

Vehicle Taken To/By: BELL'S AUTO A TRUCK / BELL'S AUTO A TRUCK
Persons Charged - Section and Act & P.O.T. No.
Name of Coroner: [Blank]
Telephone No.: [Blank]
If School Age Child Involved, Indicate School Name: [Blank]
Signature of Investigating Officer: [Signature]
Report completed on 09 05 29
Signature of Supervisor: [Blank]
Badge No.: [Blank]
Y M D

Involved Persons
1 No. Ped. No. DI
2 1 WEBSTER, AYDEN 705-927-0109 09 M 04 1 3 1 1
3 1 DESBIENS, ISAAC 705-927-0109 07 M 06 1 3 1 1

M	01	1	3	1	1		
705-927-0109	09	M	04	1	3	1	1
705-927-0109	07	M	06	1	3	1	1

Press firmly you are making 5 copies

All boxes must be completed by officers submitting Report.
Specify all codes 97, 98, 99 on this Report



Motor Vehicle Accident Report

SPO9111732

Accident Number **11-09-00450** Page **1** of **1**
Accident Date **09 05 27 WED** Time **05:35**

Report Type Original Amended Failed To Remain

03 42

02 43

00 44

07 45

01 46

00 47

09 48

00 49

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00 51

60 52

01 53

00 54

00 55

00 56

00 57

00 58

00 59

04 60

00 61

10 62

16 63

00 64

00 65

00 66

00 67

00 68

Error Entry

01

02

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Time Officer Arrived or Police Force Reported to: **07:05** Emergency Equipment in Attendance _____ Service Performed _____ Prod. Ident. No. (P.I.N.) _____

Name of Investigating Officer: **JACK, Michael** Badge No. **12690** Div./Stat./Det. **1100** Plat/Squad **A**

Name of Submitting Police Force: **O.P.P.** MTO Use Only _____ Highway _____ Distance Unit _____ Dir. _____

Location R1 Trafficway **HIGHWAY 507 400** Distance _____ Check as applicable M. Km. N. E. W. M District _____ Keypoint/Geo. code _____ Offset _____ Ramp No. _____

R2 Reference Point **FIRE ACCESS ROAD** Municipality **GALWAY** County, District, Reg. Municipality **CAVENDISH HARVEY TWP PETERBOROUGH**

Driver (Last Name First) **O'HERON ZACHARY** Code _____

Address **2862 HWY 507** Telephone No. **705 657 2203**

BUCKHORN ON Postal Code **K0L 1J0**

Driver's Licence No. **03380-79178-60613 ON GM21** Prov. _____ Class _____ Cond. _____

Sex _____ D.O.B. (Y/M/D) **M860613** Proper Licence to Drive Class of Vehicle Y N Suspended Driver Y N Breathalyzer, Blood Test, Admin. Y N

Driver (Last Name First) _____ Code _____

Address _____ Telephone No. _____

Postal Code _____

Driver's Licence No. _____ Prov. _____ Class _____ Cond. _____

Sex _____ D.O.B. (Y/M/D) _____ Proper Licence to Drive Class of Vehicle Y N Suspended Driver Y N Breathalyzer, Blood Test, Admin. Y N

Make **JEOP** Year **02** Model **LIB** Colour **BLUE** Body Style **SUV**

Air Y N Plate No. **AWNK 903** Prov. **ON** Number of Occupants in Vehicle **1**

Owner (Last Name First) _____

As above

Address _____ Telephone No. _____

Postal Code _____

Make _____ Year _____ Model _____ Colour _____ Body Style _____

Air Y N Plate No. _____ Prov. _____ Number of Occupants in Vehicle _____

Owner (Last Name First) _____

As above

Address _____ Telephone No. _____

Postal Code _____

Insurance Company and Policy No. **PERTH INSURANCE**

None **POL # 3928919P**

CVOR No. _____ Lic. Class Required **G** Loaded Unloaded **80** Approx. Speed Km/hr.

Make _____ Plate No. _____ Prov. _____

Owner (Last Name First) _____

As vehicle above

Address _____ Telephone No. _____

Postal Code _____

Insurance Company and Policy No. _____

As Vehicle Above

Insurance Company and Policy No. _____

None

CVOR No. _____ Lic. Class Required _____ Loaded Unloaded _____ Approx. Speed Km/hr. _____

Make _____ Plate No. _____ Prov. _____

Owner (Last Name First) _____

As vehicle above

Address _____ Telephone No. _____

Postal Code _____

Insurance Company and Policy No. _____

As Vehicle Above

Investigating Officer's Description of Accident & Diagram

VI WAS S/B ON R1 IN LANE 1 WHEN A MOOSE COW RAN ACROSS R1 IN FRONT OF VI. VI HIT THE MOOSE, RAN OFF THE ROAD WAY, FLIPPED ON THE DRIVER'S SIDE, CAME TO REST IN EAST SIDE DITCH.

Lanes/Speed

	Number of Lanes	Posted Speed Max.	Advisory
R1	2	80	
R2			

Descriptions of Code(s) 97, 98, 99 _____

Describe Damage to Other Property _____ Person and/or Agency Advised _____ Y _____ M _____ D _____ Time _____

Involved Persons - Injured Taken To/By _____ Independent Witnesses - Name _____

Vehicle Taken To/By **V1 MIKE'S TOWING / BUCKHORN GARAGE** Persons Charged - Section and Act & P.O.T. No. _____

Name of Coroner _____ Telephone No. _____ If School Age Child Involved, Indicate School Name _____

Signature of Investigating Officer **Allox** Report completed on **09 05 27** Signature of Supervisor _____ Badge No. _____ Y _____ M _____ D _____

Involved Persons	Veh. No.	Ped. No.	72	73	74	75	76	77	78
1									
2									
3									
4									



Motor Vehicle Accident Report

SPO4126652

Accident Number **II-09-00500** Page **1** of **2**
Accident Date **090613** Day of the Week **SAT** Time **09:50**

Report Type Original Amended Failed To Remain

Time Officer Arrived or Police Force Reported to: **11:50 HRS** Emergency Equipment in Attendance _____ Service Performed _____ Prod. Ident. No. (PLN) _____
Name of Investigating Officer: **JACK, Michael** Badge No. **12690** Div./Station **1100** Plat/Squad **A**

Name of Submitting Police Force: **PETERBOROUGH COUNTY O.P.P.** MTO Use Only _____ Highway _____ Distance Unit _____ Dir. _____

Location R1 Trafficway **COUNTY ROAD 36 2** Distance _____ Check as applicable M. Km. N. S. E. W. M. District _____ Keypoint/Geocode _____ Offset _____ Ramp No. _____
R2 Reference Point **BOBCAYGEON** Municipality **GALWAY** County, District, Prog. Municipality **CAVENDISH-HARVEY PETERBOROUGH**

Driver (Last Name First) **THOMPSON MARC JORDAN** Code **2**
Address **41 PRINCE ST E BOX 494** Telephone No. **705-340-8968**
City/Town/Village **BOBCAYGEON ON** Postal Code **K0M 1A0**
Driver's Licence No. **T3601-51758-51225** Prov. **ON** Class/Con. **G 1**
Sex **M** D.O.B. (Y/M/D) **851225** Proper Licence to Drive Class of Vehicle Y N Suspended Driver Y N Blood Test, Admin. Y N

Driver (Last Name First) **WATHAN RUSSELL THOMAS** Code _____
Address **1737 HOLBORN RD RRI** Telephone No. **905-478-4423**
City/Town/Village **QUEENSVILLE ON** Postal Code **L0G 1R0**
Driver's Licence No. **W0826-68088-21104** Prov. **ON** Class/Con. **G 1**
Sex **M** D.O.B. (Y/M/D) **821104** Proper Licence to Drive Class of Vehicle Y N Suspended Driver Y N Blood Test, Admin. Y N

Vehicle Indirectly Involved Make **CHRY** Year **02** Model **SLX** Colour **RIEGE** Body Style **4D**
Air Y N Plate No. **BEDC433** Prov. **ON** Number of Occupants in Vehicle **1**
Brake N
Owner (Last Name First) **THOMPSON DANIELLE MARIE**
 As vehicle above
Address **41 PRINCE ST E.** Telephone No. _____
City/Town/Village **BOBCAYGEON ON** Postal Code **K0M 1A0**
Insurance Company and Policy No. **ING INSURANCE**
 None **POL # 7M7505991**

Vehicle Indirectly Involved Make **OLDS** Year **87** Model **C1B** Colour **WHITE** Body Style **4D**
Air Y N Plate No. **AKZA872** Prov. **ON** Number of Occupants in Vehicle **1**
Brake N
Owner (Last Name First) _____
 As above
Address _____ Telephone No. _____
City/Town/Village _____ Postal Code _____
Insurance Company and Policy No. **THE PERSONAL INS. CO.**
 None **POL # K2245652**

Trailer Indirectly Involved Make _____ Year _____ Model _____ Colour _____ Body Style _____
Plate No. _____ Prov. _____
Owner (Last Name First) _____
 As vehicle above
Address _____ Telephone No. _____
City/Town/Village _____ Postal Code _____
Insurance Company and Policy No. _____
 As Vehicle Above

Trailer Indirectly Involved Make _____ Year _____ Model _____ Colour _____ Body Style _____
Plate No. _____ Prov. _____
Owner (Last Name First) _____
 As vehicle above
Address _____ Telephone No. _____
City/Town/Village _____ Postal Code _____
Insurance Company and Policy No. _____
 As Vehicle Above

Investigating Officer's Description of Accident & Diagram
ALL 4 MOTOR VEHICLES ARE SW/B ON R1.
V1 REAR-ENDED V2. V2 WAS PUSHED FORWARD AND REAR-ENDED V3. V3 WAS PUSHED FORWARD AND REAR-ENDED V4.

Lanes/Speed	Number of Lanes	Posted Speed	
		Max.	Advisory
R1	2	50	
R2			

Describe Damage to Other Property _____ Person and/or Agency Advised _____ Y _____ M _____ D _____ Time _____

No. Involved Persons - Injured Taken To/By _____
Vehicle Taken To/By **WATKINS FORD IN LINDSAY/REALE'S TOWING**
V2 D2 RESIDENCE / CAA

Independent Witnesses - Name _____
Persons Charged - Section and Act & P.O.T. No. **D1-SEC. 158(1) HTA PO**

Name of Coroner _____ Telephone No. _____
Signature of Investigating Officer **[Signature]** Report completed on **090613** Y _____ M _____ D _____

If School Age Child Involved, Indicate School Name _____
Signature of Supervisor _____ Badge No. _____ Y _____ M _____ D _____

Involved Persons	Veh. No.	Ped. No.	Other Information													
			69	70	71	72	73	74	75	76	77	78				
1																
2																
3																
4																



Motor Vehicle Accident Report

SP09126652

Accident Number **11-09-00500** Page **2** Of **2**
Accident Date **09/06/13** SAT Day of the Week Time **09:50**

Report Type Original Amended Failed To Remain

Time Officer Arrived or Police Force Reported to: **11:50 HRS** Emergency Equipment in Attendance _____ Service Performed _____ Prod. Ident. No. (P.I.N.) _____
Name of Investigating Officer **JACK, Michael** Badge No. **12690** Div./Stat./Det. **1100** Dangerous Goods Involvement _____ Plat/Squad _____

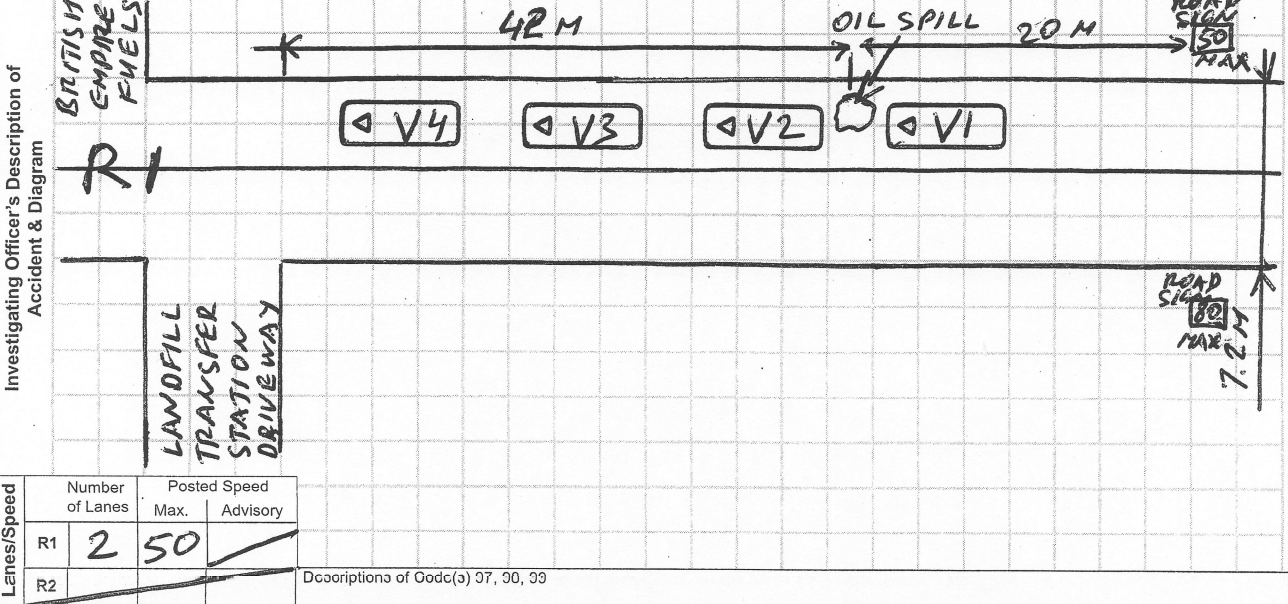
Name of Submitting Police Force **PETERBOROUGH COUNTY O.P.P.** MTO Use Only _____ Highway _____ Distance _____ Unit _____ Dir. _____
Location R1 Trafficway **COUNTY ROAD 36 2** Distance _____ Check as applicable M. Km. N. S. E. W. M District _____ Keypoint/Geocode _____ Offset _____ Ramp No. _____
R2 Reference Point **BOBCAYGEON** Municipality **GALWAY** County, District, Reg. Municipality **CAVENDISH-MARVEY PETERBOROUGH**

Driver (Last Name First) **WEBSTER RICHARD W** Code _____ Driver (Last Name First) **WATSON KAREN N** Code _____
Address **5330 LINE #4 NORTH** Telephone No. **705-835-0276** Address **2108 COUNTY ROAD 50** Telephone No. **705-657-8579**
City **HILLSDALE ON** Postal Code **L0L 1V0** City **BUCKHORN ON** Postal Code **K0L 1S0**
Driver's Licence No. **W2087-65595-00718** ON **G /** Driver's Licence No. **W0831-42467-45523** ON **G X**

Sex **M** D.O.B. (Y/M/D) **5/5/07** Proper Licence to Drive Class of Vehicle Y N Suspended Driver Y N Breathalyzer, Blood Test, Admin. Y N
Make **CHEV** Year **07** Model **AVL** Colour **WHITE** Body Style **PIC** Make **NISS** Year **01** Model **XTR** Colour **BLUE** Body Style **SUV**
Air Brake Y N Plate No. **7477TT** Prov. **ON** Number of Occupants in Vehicle **1** Air Brake Y N Plate No. **ATTP885** Prov. **ON** Number of Occupants in Vehicle **2**

Owner (Last Name First) **As above** Address _____ Telephone No. _____
Insurance Company and Policy No. **AVIVA INS. POL # A20903519 PLA** Insurance Company and Policy No. **AVIVA PILOT INS. CO. POL # A17070658 PLA**
CVOR No. _____ Lic. Class Required Loaded Unloaded Approx. Speed **0** Km/hr. CVOR No. _____ Lic. Class Required Loaded Unloaded Approx. Speed **0** Km/hr.

Trailer Insurance Company and Policy No. **As Vehicle Above** Insurance Company and Policy No. **As Vehicle Above**



Lanes/Speed: R1 **2** lanes, **50** Max. Posted Speed. R2 _____

Describe Damage to Other Property _____ Person and/or Agency Advised _____ Y M D Time _____
No. Involved Persons - Injured Taken To/By _____ Independent Witnesses - Name _____
Vehicle Taken To/By _____ Persons Charged - Section and Act & P.O.T. No. _____
Name of Coroner _____ Telephone No. _____ If School Age Child Involved, Indicate School Name _____
Signature of Investigating Officer **[Signature]** Report completed on **09/06/13** Signature of Supervisor _____ Badge No. _____ Y M D

Involved Persons	Veh. No.	Ped. No.	72	73	74	75	76	77	78
1									
2									
3									
4									



Motor Vehicle Accident Report

SPO9126689

Accident Number **11-09-00499** Page **1** Of **1**
Accident Date **09/06/13** SAT **10:33**

Report Type Original Amended Failed To Remain

Time Officer Arrived or Police Force Reported to: **10:35 HRS** Emergency Equipment in Attendance _____ Service Performed _____ Prod. Ident. No. (P.I.N.) _____
Name of Investigating Officer: **JACK, Michael** Badge No. **12690** Div./Stat./Det. **1100** Plat/Squad **A**

Name of Submitting Police Force: **PETERBOROUGH COUNTY O.P.P.** MTO Use Only _____ Highway _____ Distance _____ Unit _____ Dir. _____
Location R1 Trafficway: **COUNTY ROAD 23, 800** Distance _____ Check as applicable M. Km. N. S. E. W. Keypoint/Gencode _____ Offset _____ Ramp No. _____
R2 Reference Point: **COUNTY ROAD 18** Municipality: **SMITH HAMSORE LAKEFIELD** County, District, Reg. Municipality: **PETERBOROUGH**

Driver 1 (Last Name First): **WALLING, ROBERT V** Code _____
Address: **702 FIFES BAY RD** Telephone No. **705-742-9931**
City: **PETERBOROUGH ON** Postal Code **K9J 6X3**
Driver's Licence No.: **W03006588620226** ON **G X**

Driver 2 (Last Name First): _____ Code _____
Address: _____ Telephone No. _____
City: _____ Postal Code _____
Driver's Licence No.: _____ Prov. _____ Class Cond. _____

Sex: **M** D.O.B. (Y/M/D): **6/20/26** Proper Licence to Drive Class of Vehicle: Y N Suspended Driver: Y N Breathalyzer, Blood Test, Admin.: Y N
Make: **PONTIAC** Year: **00** Model: **GRANDM** Colour: **RED** Body Style: **4D**
Air: Y N Plate No.: **AFWD438** Prov.: **ON** Number of Occupants in Vehicle: **1**

Sex: _____ D.O.B. (Y/M/D): _____ Proper Licence to Drive Class of Vehicle: Y N Suspended Driver: Y N Breathalyzer, Blood Test, Admin.: Y N
Make: _____ Year: _____ Model: _____ Colour: _____ Body Style: _____
Air: Y N Plate No.: _____ Prov.: _____ Number of Occupants in Vehicle: _____

Indirectly Involved Vehicle Owner (Last Name First): **As above**
Address: _____ Telephone No. _____
Postal Code: _____

Indirectly Involved Vehicle Owner (Last Name First): _____
Address: _____ Telephone No. _____
Postal Code: _____

Insurance Company and Policy No.: **COMBARD INSURANCE COMP.**
POL # 3342286

Insurance Company and Policy No.: _____
None

CVOR No.: _____ Lic. Class Required: Loaded Unloaded **80** Km/hr.

CVOR No.: _____ Lic. Class Required: Loaded Unloaded _____ Km/hr.

Trailer Owner (Last Name First): _____
Address: _____ Telephone No. _____
Postal Code: _____

Trailer Owner (Last Name First): _____
Address: _____ Telephone No. _____
Postal Code: _____

Insurance Company and Policy No.: **As Vehicle Above**

Insurance Company and Policy No.: **As Vehicle Above**

Investigating Officer's Description of Accident & Diagram

VI N/R RI IN LANE 1 @ 80KHR
DEER RAN ACROSS THE RI
VI STRIKES DEER
DEER ENDS IN THE RIGHT DITCH.

Lanes/Speed	Number of Lanes	Posted Speed Max.	Advisory
R1	2	80	
R2			

Descriptions of Code(s) 97, 98, 99

Describe Damage to Other Property: _____ Person and/or Agency Advised: _____ Y _____ M _____ D _____ Time _____

No. Involved Persons - Injured Taken To/By: _____ Independent Witnesses - Name: _____

Vehicle Taken To/By: **V1** Persons Charged - Section and Act & P.O.T. No.: _____

Name of Coroner: _____ Telephone No.: _____ If School Age Child Involved, Indicate School Name: _____

Signature of Investigating Officer: **[Signature]** Report completed on **09/06/13** Signature of Supervisor: _____ Badge No.: _____ Y _____ M _____ D _____

Involved Persons	Veh. No.	Ped. No.	72	73	74	75	76	77	78
1									
2									
3									
4									

Press firmly you are making 5 copies

All boxes must be completed by officers submitting Report. Specify all codes **97 98 99** on this Report



Motor Vehicle Accident Report

SP09128905

Report Type: Original Amended Failed To Remain

Accident Number: 11-09-00502 Page 1 of 1

Accident Date: 09/06/15 MON 15:45

Time Officer Arrived or Police Force Reported to: 16:20 HRS

Name of Investigating Officer: JACK, Michael

Name of Submitting Police Force: O.P.P.

Badge No.: 12690 Div./Station: 1100 Plat/Squad: A

Location R1: LILY LAKE RD. 1.2

Location R2: FAIRBAIRN ST.

Municipality: SMITH ENNISMORE-LAKEFIELD TWP

County: PETERBOROUGH

Driver 1: GIRAUDY JENNIFER YVONNE

Address: 1804 MAPLE RIDGE DR. PETERBOROUGH ON K9K 1P9

Driver's Licence No.: G4590-39598-26026

Sex: F D.O.B.: 821026

Vehicle: OLDS 02 ALERO BLACK 4D

Plate No.: ATTP 782

Insurance Company and Policy No.: AVINA PILOT INS. CO. POL # A90008428 PLA

Owner (Last Name First): As above

Address: As above

Postal Code: As above

CVOR No.: As above

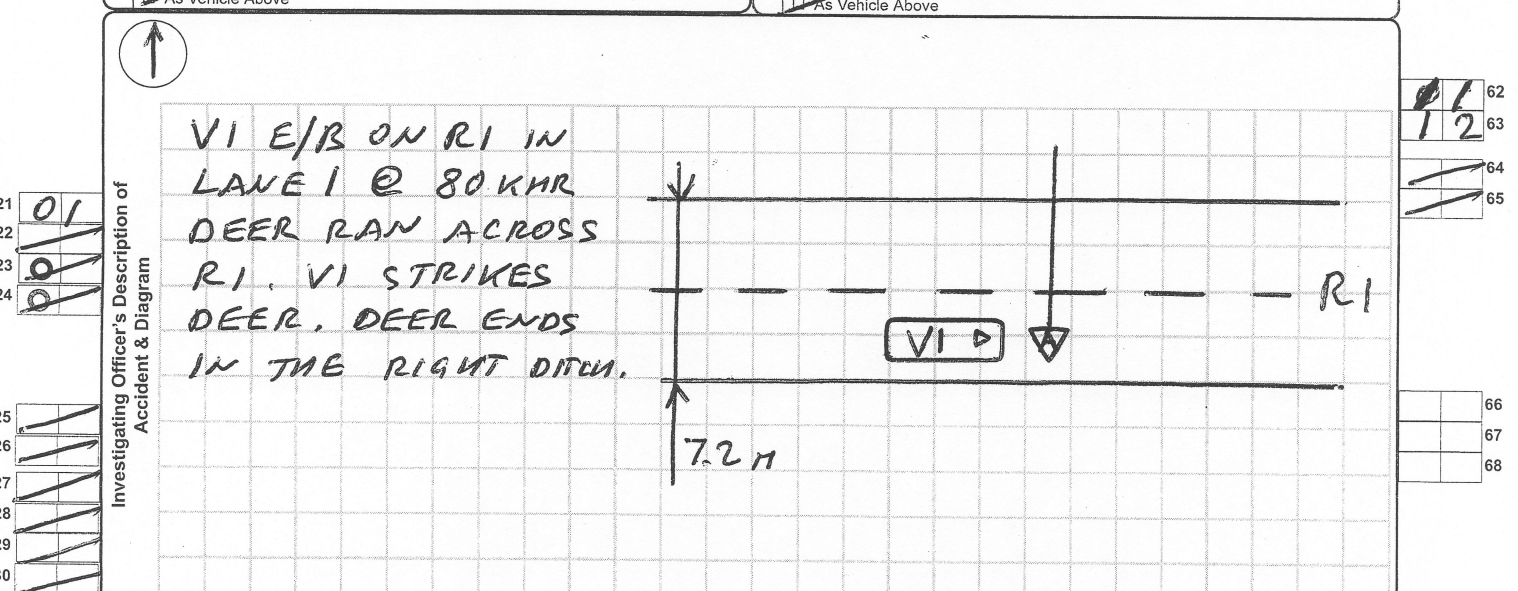
Lic. Class Required: As above

Approx. Speed Km/hr.: As above

Owner (Last Name First): As above

Address: As above

Postal Code: As above



Lanes/Speed	Number of Lanes	Posted Speed	
		Max.	Advisory
R1	2	80	
R2			

Describe Damage to Other Property: _____

Person and/or Agency Advised: _____

No. Involved Persons - Injured Taken To/By: _____

Independent Witnesses - Name: GIRAUDY, EVELYN - DI'S MOTHER

Vehicle Taken To/By: V1 _____

Persons Charged - Section and Act & P.O.T. No.: _____

Name of Coroner: _____ Telephone No.: _____

If School Age Child Involved, Indicate School Name: _____

Signature of Investigating Officer: _____ Report completed on 09/06/15

Signature of Supervisor: _____ Badge No.: _____

Involved Persons	Veh. No.	Ped. No.
1		
2		
3		
4		

Press firmly you are making 5 copies All boxes must be completed by officers submitting Report. Specify all codes 97. 98. 99 on this Report



Motor Vehicle Accident Report

SP09134097
Accident Number 11-09-00524 Page 1 of 1
Accident Date 09/06/21 Day of the Week SUN Time 07:10

Report Type Original Amended Failed To Remain

Time Officer Arrived or Police Force Reported to: 07:40 HRS
Emergency Equipment in Attendance: SEL FD
Service Performed: TRAFFIC/VITALS
Prod. Ident. No. (P.I.N.): 01
Name of Investigating Officer: JACK, Michael
Badge No.: 12690
Div./Stat./Det.: 1100
Plat/Squad: A

Name of Submitting Police Force: O.P.P.
MTO Use: Only
Highway: Distance: Unit: Dir.:

Location
R1: Trafficway COUNTY ROAD 23 300
R2: Reference Point MARY NICHOLS RD.
Municipality: SMITH ENNISMORE-LAKEFIELD TWP.
County, District, Reg. Municipality: PETERBOROUGH

Driver (Last Name First)
1: CAPIAK THOMAS E
2:
Code:
Address: 15 STURGEON ST N
Telephone No.: 705-299-0333
Postal Code: K0L 2W0
Driver's Licence No.: C0S15-74036-30323 ON
Prov.: ON Class Cond.: G

Sex: M D.O.B. (Y/M/D): 630323
Proper Licence to Drive Class of Vehicle: Y
Suspended Driver: N
Breathalyzer, Blood Test, Admin.: Y

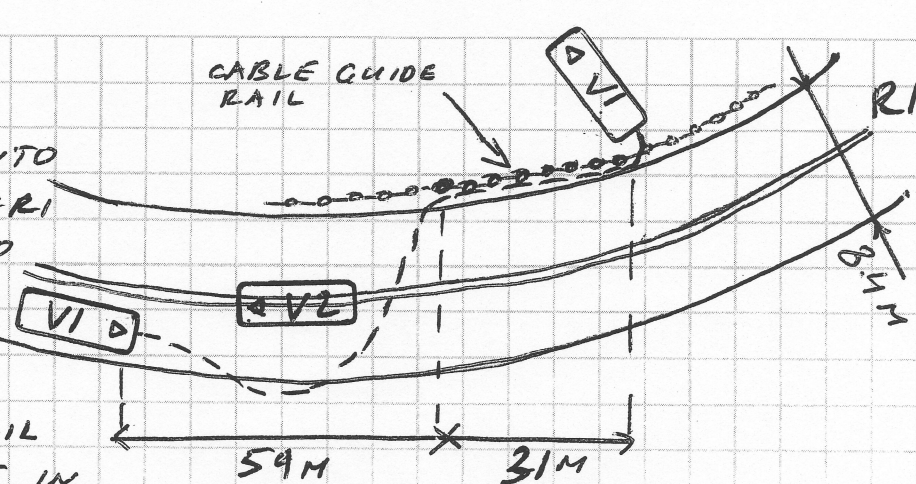
Make: FORD Year: 97 Model: MUSTANG Colour: RED Body Style: 2D
Air Brake: Y Plate No.: BCYH922 Prov.: ON Number of Occupants in Vehicle: 1

Owner (Last Name First):
As above: Y
Address:
Telephone No.:
Postal Code:
Insurance Company and Policy No.: GORE MUTUAL INSURANCE
POL # G7637A

CVOR No.:
Lic. Class Required: Loaded Unloaded
Approx. Speed Km/hr.:
Make:
Plate No.:
Prov.:
Owner (Last Name First):
As vehicle above: N
Address:
Telephone No.:
Postal Code:
Insurance Company and Policy No.:
As Vehicle Above: N

Trailer
Insurance Company and Policy No.:
As Vehicle Above: N

Investigating Officer's Description of Accident & Diagram
VI N/B ON R1
V2 S/B ON R1
V2 CROSSED INTO N/B LANE OF R1
VI SWERVED TO RIGHT TO AVOID COLLISION.
VI SPAN OUT, HIT GUIDE RAIL
CAME TO REST IN WEST DITCH.



Lanes/Speed
R1: 2 lanes, 80 km/h
R2:
Descriptions of Code(s) 97, 98, 99:
Damage to Property:
Person and/or Agency Injured:
Time: 09/06/21 08:30

Involved Persons - Injured Taken To/By: 1 PRHC / PTBO EMS
Independent Witnesses - Name:
Persons Charged - Section and Act & P.O.T. No.:
Name of Coroner:
Telephone No.:
If School Age Child Involved, Indicate School Name:
Signature of Investigating Officer:
Report completed on 09/06/21
Signature of Supervisor:
Badge No.:
Y M D:
Veh. Ped. No.: 1 DI - AS ABOVE
46M 01 311

Involved Persons
1:
2:
3:
4:
69 70 71 72 73 74 75 76 77 78



Motor Vehicle Accident Report

SP09136700

Report Type Original Amended Failed To Remain

Accident Number **11-09-00531** Page **1** of **1**
Accident Date **09 06 24** WED Day of the Week Time **09:40**

03 42

Time Officer Arrived or Police Force Reported to: **10:30 HRS** Emergency Equipment in Attendance **SEL FD** Service Performed **TRAFFIC CONTROL** Prod. Ident. No. (P.I.N.)
Name of Investigating Officer **JACK, MICHAEL** Badge No. **12690** Div./Unit/Det. **1100** Plate/Squad **A**

02 43
02 44

Name of Submitting Police Force **O.P.P.** MTO Use Only Highway Distance Unit Dir.

05 45

Location R1 **COUNTY ROAD 23 AND** Reference Point **BIRCHREND ROAD** Municipality **SMITH EUNISHORE-LAKEFIELD** County, District, or Municipality **PETERBOROUGH**

Driver 1 (Last Name First) **KNOTT DONALD W** Code **1** Driver 2 (Last Name First) **FAUGHT GAVIN H E** Code **2**

Address **CURVE LAKE RESERVE** Telephone No. **705-652-2043** Address **997 LAPLANTE RD RRI** Telephone No. **705-657-7543**

Postal Code **KOL1R0** Postal Code **KOL2H0**

Driver's Licence No. **K5961-17393-60726 ON G1** Driver's Licence No. **F0879-27649-30405 ON G1**

Sex **M** D.O.B. (Y/M/D) **360726** Proper Licence to Drive Class of Vehicle Y N Suspended Driver Y N Breathalyzer, Blood Test, Admin. Y N

Make **CHEV** Year **91** Model **CARRICE** Colour **SILVER** Body Style **4D** Make **INTERNATIONAL** Year **77** Model **986** Colour **RED** Body Style **TRA**

Air Brake Y N Plate No. **FVM4414** Prov. **BRADFORD PA** Number of Occupants in Vehicle **2** Air Brake Y N Plate No. **77986** Prov. **ON** Number of Occupants in Vehicle **1**

Owner (Last Name First) **KNOTT RITA J** Owner (Last Name First) **FAUGHT PAUL R**

Address **MAIN ST PO BOX 942** Address **997 LAPLANTE RD RRI**

Postal Code **BRADFORD PA 16701** Postal Code **LAKEFIELD ON KOL2H0**

Insurance Company and Policy No. **NATIONWIDE INSURANCE** Insurance Company and Policy No. **NONE**

CVOR No. **9** Lic. Class Required **G** Loaded Unloaded Approx. Speed **25** Km/hr. CVOR No. **77986** Lic. Class Required **2** Loaded Unloaded Approx. Speed **20** Km/hr.

Make **CHEV** Plate No. **FVM4414** Prov. **BRADFORD PA** Make **INTERNATIONAL** Plate No. **77986** Prov. **ON**

Owner (Last Name First) **KNOTT RITA J** Owner (Last Name First) **FAUGHT PAUL R**

Address **MAIN ST PO BOX 942** Address **997 LAPLANTE RD RRI**

Postal Code **BRADFORD PA 16701** Postal Code **LAKEFIELD ON KOL2H0**

Insurance Company and Policy No. **NATIONWIDE INSURANCE** Insurance Company and Policy No. **NONE**

CVOR No. **9** Lic. Class Required **G** Loaded Unloaded Approx. Speed **25** Km/hr. CVOR No. **77986** Lic. Class Required **2** Loaded Unloaded Approx. Speed **20** Km/hr.

Make **CHEV** Plate No. **FVM4414** Prov. **BRADFORD PA** Make **INTERNATIONAL** Plate No. **77986** Prov. **ON**

Owner (Last Name First) **KNOTT RITA J** Owner (Last Name First) **FAUGHT PAUL R**

Address **MAIN ST PO BOX 942** Address **997 LAPLANTE RD RRI**

Postal Code **BRADFORD PA 16701** Postal Code **LAKEFIELD ON KOL2H0**

Insurance Company and Policy No. **NATIONWIDE INSURANCE** Insurance Company and Policy No. **NONE**

CVOR No. **9** Lic. Class Required **G** Loaded Unloaded Approx. Speed **25** Km/hr. CVOR No. **77986** Lic. Class Required **2** Loaded Unloaded Approx. Speed **20** Km/hr.

Make **CHEV** Plate No. **FVM4414** Prov. **BRADFORD PA** Make **INTERNATIONAL** Plate No. **77986** Prov. **ON**

Owner (Last Name First) **KNOTT RITA J** Owner (Last Name First) **FAUGHT PAUL R**

Address **MAIN ST PO BOX 942** Address **997 LAPLANTE RD RRI**

Postal Code **BRADFORD PA 16701** Postal Code **LAKEFIELD ON KOL2H0**

Investigating Officer's Description of Accident & Diagram

VI AND V2 ARE S/B ON R1 TRAVELLING @ APPROX 25 KHR. V2 TURNS LEFT SIGNAL ON AND SLOWS DOWN. VI FAILS TO NOTICE V2'S LEFT SIGNAL IS ACTIVATED, V2 INITIATES LEFT TURN INTO R2. VI ATTEMPTS TO OVERTAKE V2 AND STRIKES V2.

Lanes/Speed

	Number of Lanes	Posted Speed Max.	Posted Speed Advisory
R1	2	80	
R2	2	50	

Descriptions of Code(s) 97, 98, 99

Describe Damage to Other Property _____ Person and/or Agency Advised _____ Y M D Time _____

No. Involved Persons - Injured Taken To/By _____ Independent Witnesses - Name **DESCHAMPS, PAUL 416-725-4911**

Vehicle Taken To/By V1 **BUCKHORN GARAGE/MIKE'S TOWING** Persons Charged - Section and Act & P.O.T. No. **DI-SEC. 130 HTA RON 1086232 A**

Name of Coroner _____ Telephone No. _____ If School Age Child Involved, Indicate School Name _____

Signature of Investigating Officer **[Signature]** Report completed on **09 06 24** Signature of Supervisor _____ Badge No. _____ Y M D _____

Involved Persons	Veh. No.	Ped. No.
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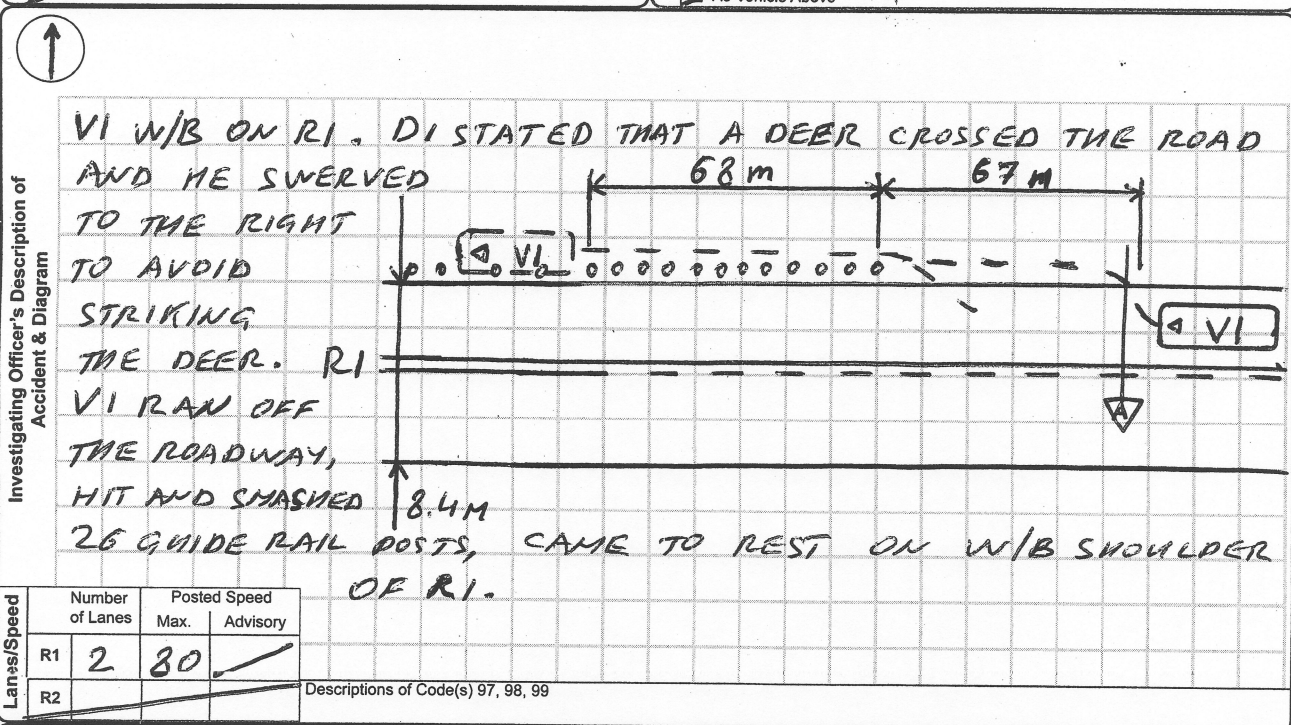
Motor Vehicle Accident Report

SPO9154944

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03 42
04 43
05 44
07 45
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09 48
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05 60
01 61

Report Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended <input type="checkbox"/> Failed To Remain		Accident Number: 15-09-00602	Page: 1 of 1
Time Officer Arrived or Police Force Reported to: 04:10 HRS		Emergency Equipment in Attendance: TWD ROADS CONTRA	Service Performed: DEBRIS REMOVAL
Name of Investigating Officer: JACK, MICHAEL		Badge No.: 12690	Div./Stat./Det.: 1100
Name of Submitting Police Force: O.P.P.		MTU Use Only: Highway	Distance Unit: Dir.
Location R1: HIGHWAY 28 400m		Distance: <input type="checkbox"/> M. <input type="checkbox"/> Km. <input type="checkbox"/> N. <input type="checkbox"/> S. <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.	Keypoint/Geocode: 2628000.9
Location R2: COON LAKE ROAD		Municipality: NORTH KAWARTHA TWP.	County, District, Reg. Municipality: PETERBOROUGH
Driver 1: LOPEZ AGUILAR, HECTOR ALAN		Driver 2: (Diagonal line)	
Address: 4777 JULIET CRES		Address: (Diagonal line)	
Telephone No.: 519-992-8155		Telephone No.: (Diagonal line)	
Postal Code: N9G 3A7		Postal Code: (Diagonal line)	
Driver's Licence No.: L6531-32018-91125		Driver's Licence No.: (Diagonal line)	
Sex: M, D.O.B.: 8/9/11/25		Sex: (Diagonal line), D.O.B.: (Diagonal line)	
Make: BMW, Year: 93, Model: 320i, Colour: WHITE, Body Style: 4D		Make: (Diagonal line), Year: (Diagonal line), Model: (Diagonal line), Colour: (Diagonal line), Body Style: (Diagonal line)	
Air Brake: <input checked="" type="checkbox"/> Y, Plate No.: BCVL220, Prov.: ON, Number of Occupants: 1		Air Brake: (Diagonal line), Plate No.: (Diagonal line), Prov.: (Diagonal line), Number of Occupants: (Diagonal line)	
Owner: DOMARIO MARIA GLORIA		Owner: (Diagonal line)	
Address: 4777 JULIET CRES		Address: (Diagonal line)	
Telephone No.: 519-250-6733		Telephone No.: (Diagonal line)	
Postal Code: N9G 3A7		Postal Code: (Diagonal line)	
Insurance Company and Policy No.: RBC INSURANCE		Insurance Company and Policy No.: (Diagonal line)	
CVOR No.: (Diagonal line), Lic. Class Required: (Diagonal line), Loaded: <input type="checkbox"/> Unloaded: <input type="checkbox"/> Approx. Speed: 125 Km/hr.		CVOR No.: (Diagonal line), Lic. Class Required: (Diagonal line), Loaded: <input type="checkbox"/> Unloaded: <input type="checkbox"/> Approx. Speed: (Diagonal line) Km/hr.	
Trailer: (Diagonal line)		Trailer: (Diagonal line)	



13 62
18 63
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67
68

Describe Damage to Other Property: 26 GUIDE RAIL POSTS		Person and/or Agency Advised: TWD ROADS CONTROL	Time: 04:20
Involved Persons - Injured Taken To/By: (Diagonal line)		Independent Witnesses - Name: (Diagonal line)	
Vehicle Taken To/By: DOURO AUTOMOTIVE BODY SHOP		Persons Charged - Section and Act & P.O.T. No.: DI SEC. 130HTA, #1086234A	
Name of Coroner: (Diagonal line)		If School Age Child Involved, Indicate School Name: (Diagonal line)	
Signature of Investigating Officer: (Signature)		Signature of Supervisor: (Signature)	
Report completed on: 09/07/13		Badge No.: (Diagonal line)	
Involved Persons Table:		Involved Persons Table:	

Error Entry
32
03



Motor Vehicle Accident Report

SP09155763
Accident Number 11-09-00605 Page 1 of 1
Accident Date 09 07 14 TUE Time 05:30

1 04

Report Type Original Amended Failed To Remain

Time Officer Arrived or Police Force Reported to: 06:05 HRS Emergency Equipment in Attendance _____ Service Performed _____ Prod. Ident. No. (P.I.N.) _____
Name of Investigating Officer: JACK, Michael Badge No. 12690 Div./Stat./Det. 1100 Plat/Squad A
Name of Submitting Police Force: O.P.P. MTO Use Only _____ Highway _____ Distance _____ Unit _____ Dir. _____

02 43
02 44

2 02
3 01

Location
R1 Trafficway FRANK HILL ROAD 40m Distance _____ Check as applicable M. Km. N. S. E. W. M District _____ Keypoint/Geocode _____ Offset _____ Ramp No. _____
R2 Reference Point HIGHWAY 7 WEST Municipality _____ County, District, Reg. Municipality CITY OF KAWARTHA LAKES

05 45

6 03
7 10

Driver 1
Driver (Last Name First) HARTIN, ROBERT G Code _____
Address 1079 MOUNT HOREB RD Telephone No. 705-799-5980
OMEMEE RR3 ON Postal Code KOL 2W0
Driver's Licence No. H0691-65845-40109 Prov. ON Class D Cond. _____
Sex M D.O.B. (Y/M/D) 54 01 09 Proper Licence to Drive Class of Vehicle N Y Suspended Driver N Y Breathalyzer, Blood Test, Admin. N Y

Driver 2
Driver (Last Name First) WALSH, EVELYN Code _____
Address 71 CEDARVIEW DR RR1 Telephone No. 705-292-8568
OMEMEE ON Postal Code KOL 2W0
Driver's Licence No. W0317-25407-35411 Prov. ON Class G Cond. X
Sex F D.O.B. (Y/M/D) 73 04 11 Proper Licence to Drive Class of Vehicle N Y Suspended Driver N Y Breathalyzer, Blood Test, Admin. N Y

05 46
01 47

8 02
9 02
10 01

Vehicle 1
Make DODG Year 01 Model RPC Colour BROWN Body Style PIC
Air Y N Plate No. 4476N3 Prov. ON Number of Occupants in Vehicle 1
Owner (Last Name First) DRAIN BROS EXCAVATING LTD
Address L28 C7 DUMMER TP Telephone No. 705-639-2301
LAKEFIELD R2 ON Postal Code KOL 2H0
Insurance Company and Policy No. None DOMINION OF CANADA
POL# ABL0427415

Vehicle 2
Make DODG Year 09 Model JOU Colour SILVER Body Style SUV
Air Y N Plate No. BENA 896 Prov. ON Number of Occupants in Vehicle 2
Owner (Last Name First) GENERAL ELECTRIC CAPITAL CANADA
Address 5255 SOLAR DR Telephone No. 1800-244-6699
MISSISSAUGA ON Postal Code L4W 5H6
Insurance Company and Policy No. None ZURICH INSURANCE COMPANY
POL# AF9993711

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Trailer 1
CVOR No. _____ Lic. Class Required Loaded Unloaded 10 Km/hr.
Make _____ Plate No. _____ Prov. _____
Owner (Last Name First) _____
 As vehicle above
Address _____ Telephone No. _____
Postal Code _____
Insurance Company and Policy No. _____
 As Vehicle Above

Trailer 2
CVOR No. _____ Lic. Class Required Loaded Unloaded 30 Km/hr.
Make _____ Plate No. _____ Prov. _____
Owner (Last Name First) _____
 As vehicle above
Address _____ Telephone No. _____
Postal Code _____
Insurance Company and Policy No. _____
 As Vehicle Above

01 56
01 57
01 58
01 59
01 60
02 61

21 05
22 01
23 01
24 01

Investigating Officer's Description of Accident & Diagram

V2 S/R ON R1 SLOWING DOWN BEFORE INTERSECT. VI PULLED OVER FROM PARKING LOT, FAILED TO NOTICE V2 ON R1, STRUCK

Highway 7 West
County Road 1
Highway 7 East

05 62
06 63
05 64
06 65
66
67
68

31 01
32 01

Lanes/Spec	Number of Lanes	Posted Speed	
		Max.	Advisory
R1	3	60	
R2			

Descriptions of Code(s) 97, 98, 99

33 08
34 01
35 08
36 01
37 01
38 01

Describe Damage to Other Property _____ Person and/or Agency Advised _____ Y M D Time _____
No. Involved Persons - Injured Taken To/By _____ Independent Witnesses - Name _____
Vehicle Taken To/By V1 _____ Persons Charged - Section and Act & P.O.T. No. D1 SEC 139(1) HTA #1086235 A
V2 _____
Name of Coroner _____ Telephone No. _____ If School Age Child Involved, Indicate School Name _____
Signature of Investigating Officer [Signature] Report completed on 09 07 14 Signature of Supervisor _____ Badge No. _____ Y M D

Error Entry

39 01
40 01

Involved Persons	Veh. No.	Ped. No.
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Motor Vehicle Accident Report

SPO9155836

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Time Officer Arrived or Police Force Reported to: **09:00 HRS** Emergency Equipment in Attendance: **SEL FIRE** Service Performed: **TRAFFIC CONTROL** Prod. Ident. No. (P.I.N.): **02**

Name of Investigating Officer: **JACK, Michael** Badge No.: **12690** Div./Stat./Det.: **1700** Plat/Squad: **A**

Name of Submitting Police Force: **O.P.P.** MTO Use: Only Highway: Distance: Unit: Dir.:

Location R1: **COUNTY ROAD 23 0.5** Distance: M. Km. Check as applicable: M. S. E. W. Municipality: **SMITH ENNISMORE LAKEFIELD PETERBOROUGH**

R2: **13TH LINE OF SMITH** County, Dist., Reg. Municipality: **PETERBOROUGH**

Driver (Last Name First): **KNOTT, RODERICK J** Code: **1**

Address: **1447 MISSISSAUGA ST** Telephone No.: **705-657-3811**

City: **CURVE LAKE ON** Postal Code: **K0L 1R0**

Driver's Licence No.: **K5961-66155-61128** Prov.: **ON** Class: **G** Cond: **1**

Sex: **M** D.O.B. (Y/M/D): **561128** Proper Licence to Drive Class of Vehicle: Y N Suspended Driver: Y N Breathalyzer, Blood Test, Admin.: Y N

Driver (Last Name First): **KENSIT, GREGORY A** Code: **2**

Address: **1815 CURVE LAKE RD.** Telephone No.: **705-657-2268**

City: **LAKEFIELD ON** Postal Code: **K0L 2M0**

Driver's Licence No.: **K2580-30216-60607** Prov.: **ON** Class: **G** Cond: **1**

Sex: **M** D.O.B. (Y/M/D): **660607** Proper Licence to Drive Class of Vehicle: Y N Suspended Driver: Y N Breathalyzer, Blood Test, Admin.: Y N

Make: **TOYOTA** Year: **07** Model: **TUNDRA** Colour: **BLACK** Body Style: **PIC**

Air: Y N Plate No.: **7743VR** Prov.: **ON** Number of Occupants in Vehicle: **1**

Brake: N

Make: **BUICK** Year: **05** Model: **ALLURE** Colour: **SILVER** Body Style: **4D**

Air: Y N Plate No.: **383 DLO** Prov.: **ON** Number of Occupants in Vehicle: **1**

Brake: N

Owner (Last Name First): **JACK MCGEE**

Address: **1053 CLONSILLA AVE** Telephone No.: **705-741-9000**

City: **PETERBOROUGH ON** Postal Code: **K9J 6Z6**

Owner (Last Name First): **JACK MCGEE**

Address: **1053 CLONSILLA AVE** Telephone No.: **705-741-9000**

City: **PETERBOROUGH ON** Postal Code: **K9J 6Z6**

Insurance Company and Policy No.: **AVIVA POL # A01480603 PLA**

Insurance Company and Policy No.: **ACE INA INSURANCE POL # DAT 63003**

CVOR No.: **40** Lic. Class Required: Loaded Unloaded Approx. Speed: **40** Km/hr.

CVOR No.: **0** Lic. Class Required: Loaded Unloaded Approx. Speed: **0** Km/hr.

Trailer: As vehicle above

Address: **1053 CLONSILLA AVE** Telephone No.: **705-741-9000**

City: **PETERBOROUGH ON** Postal Code: **K9J 6Z6**

Insurance Company and Policy No.: **AVIVA POL # A01480603 PLA**

Trailer: As vehicle above

Address: **1053 CLONSILLA AVE** Telephone No.: **705-741-9000**

City: **PETERBOROUGH ON** Postal Code: **K9J 6Z6**

Insurance Company and Policy No.: **ACE INA INSURANCE POL # DAT 63003**

Investigating Officer's Description of Accident & Diagram

VI AND V2 S/R ON R1
V2 SLOWS DOWN DUE TO TRAFFIC JAM AHEAD OF IT. VI FAILS TO NOTICE V2 WAS STOPPED, FAILS TO STOP IN TIME, REAR ENDS V2.

Lanes/Speed: R1: 2 lanes, 80 km/hr. R2: **1** lane, **80** km/hr.

12 62
06 64
05 65
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Describe Damage to Other Property: **Person and/or Agency Advised: Y M D Time**

No. Involved Persons - Injured Taken To/By: **1 PRHC / PETERBOROUGH EMS** Independent Witnesses - Name: **KOSTASHUK, BORIS 705-320-8410**

Vehicle Taken To/By: **V1 RUSSELL TOYOTA BY JORGENSEN TOWING** **V2 JACK MCGEE BY BELL'S AUTO & TRUCK** Persons Charged - Section and Act & P.O.T. No.: **DI SEC. 130 HTA #1086236 A**

Name of Coroner: **Signature of Investigating Officer: [Signature]** Report completed on: **09 07 14** Signature of Supervisor: **[Signature]** Badge No.: **43** Y M D

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Motor Vehicle Accident Report

SPO9164282

1 01

Report Type: Original Amended Failed To Remain

Accident Number **11-09-00643** Page **1** Of **1**
Accident Date **09 07 23** Time **08:57**

02 42

2 11

Time Officer Arrived or Police Force Reported to: **09:10 HRS**
Emergency Equipment in Attendance: **SMITH FIRE**
Service Performed: **TRAFFIC CONTROL**
Name of Investigating Officer: **JACK, MICHAEL**
Badge No.: **12690** Div./Stat./Det.: **1100** Plat/Squad: **A**

01 43

01 44

4 02

Location
R1 Trafficway: **COUNTY ROAD 20** Distance: **40m**
R2 Reference Point: **10TH LINE OF SMITH**
Municipality: **SMITH EUNISHMORE-LINKFIELD** County: **PETERBOROUGH**

07 45

6 01

Driver 1
Driver (Last Name First): **JOHNSTON, SAMANTHA**
Address: **121 WOLSELY ST.** Telephone No.: **705-740-3223**
Postal Code: **PETERBOROUGH ON K9H 4Z2**
Driver's Licence No.: **J6174-68768-86229** Prov.: **ON** Class: **G X**

01 46

47

7 10

Driver 2
Driver (Last Name First):
Address:
Telephone No.:
Postal Code:
Driver's Licence No.:
Prov.:
Class Cond.:

Vehicle 1
Make: **HYUN** Year: **98** Model: **ACCENT** Colour: **GREEN** Body Style: **2D**
Air Brake: Y Plate No.: **BECR645** Prov.: **ON** Number of Occupants in Vehicle: **1**

21 48

Vehicle 2
Owner (Last Name First):
Address:
Telephone No.:
Postal Code:
Insurance Company and Policy No.:
 None

9 49

20 50

01 51

66 52

05 53

01 54

01 55

15 02

Trailer 1
CVOR No.:
Lic. Class Required:
 Loaded Unloaded
Approx. Speed: **80** Km/hr.

01 56

Trailer 2
CVOR No.:
Lic. Class Required:
 Loaded Unloaded
Approx. Speed: Km/hr.

01 57

03 58

01 59

04 60

01 61

21 01

Investigating Officer's Description of Accident & Diagram

VI N/RB ON R1 IN N/RB LANE @ 80 KM/HR. VI LOST CONTROL DUE TO SLIPPERY ROAD SURFACE, ENTERED EAST DITCH, HIT THE TREE, SPAN AROUND, CAME TO REST FACING SOUTH

VI N/RB ON R1 IN N/RB LANE
@ 80 KM/HR. VI LOST CONTROL
DUE TO SLIPPERY ROAD SURFACE,
ENTERED EAST DITCH, HIT THE
TREE, SPAN AROUND, CAME
TO REST FACING SOUTH

6.1m
4.1m
R1
R2
10TH LINE OF SMITH
TREE

13 62

63 63

64 64

65 65

66 66

67 67

68 68

31 01

Lanes/Speed	Number of Lanes	Posted Speed	
		Max.	Advisory
R1	2	80	
R2			

Descriptions of Code(s) 97, 98, 99

33 04

Describe Damage to Other Property: **ROAD SIGN** Person and/or Agency Advised: **MTO** Time: **09 07 23 10:30**

35 01

Involved Persons - Injured Taken To/By: **1 PRHC / PETERBOROUGH EMS**

Independent Witnesses - Name: **HARRISON, CAROLYN 705-324-7982**

Error Entry

Vehicle Taken To/By: **BELL'S GARAGE / BELL'S GARAGE TOWING**

Persons Charged - Section and Act & P.O.T. No.

39

Name of Coroner: Telephone No.:

If School Age Child Involved, Indicate School Name:

40

Signature of Investigating Officer: Report completed on **09 07 23**

Signature of Supervisor: Badge No. Y M D

Ver. No.	Ped. No.	Involved Persons						
1	DI							
2								
3								
4								
5								

Press firmly you are making 5 copies All boxes must be completed by officers submitting Report. Specify all codes 97. 98. 99 on this Report



Motor Vehicle Accident Report

SPO9121694

1 01

Report Type Original Amended Failed To Remain

Accident Number **11-09-00685** Page **1** of **1**
Accident Date **09.08.09** Day of the Week **SUN** Time **15:00**

04 41

03 42

04 43

04 44

03 45

01 46

01 47

01 48

01 49

01 50

01 51

01 52

01 53

01 54

01 55

01 56

01 57

01 58

01 59

04 60

02 61

01 62

12 63

07 64

01 65

66

67

68

Time Officer Arrived or Police Force Reported to: **15:45 HRS**
Emergency Equipment in Attendance _____ Service Performed _____
Name of Investigating Officer: **JACK, Michael** Badge No. **12690** Div./Stat./Det. **1100** Involvement **A** Plate/Squad _____
Name of Submitting Police Force: **O.P.P.** MTO Use Only Highway Distance Unit Dir. _____

Location
R1 Trafficway **COUNTY ROAD 36 600m** Distance M. Km. Check as applicable N. S. E. W.
R2 Reference Point **COUNTY ROAD 23** Municipality **GALWAY** County, District, Reg. Municipality **CAVENDISH-HARVEY TWP. PETERBOROUGH**

Driver (Last Name First) **1 MASSON-CRIMLESS, ANNE** Code _____
Address **765 OKLAHOMA DR. #8** Telephone No. **905-839-6918**
PICKERING ON Postal Code **L1W 3C9**
Driver's Licence No. **M0772-05065-25724** Prov. **ON** Class **G** Cond. **X**

Driver (Last Name First) **2 TEEUWEN, LEONARD** Code _____
Address **1997 COUNTY RD 8** Telephone No. **705-731-0225**
BOBCAYGEON RRI ON KOM 1A0 Postal Code **K0M 1A0**
Driver's Licence No. **T2197-45976-60330** Prov. **ON** Class **G** Cond. **X**

Sex M F D.O.B. (Y/M/D) **F520724** Proper Licence to Drive Class of Vehicle Y N Suspended Driver Y N Breathalyzer, Blood Test, Admin. Y N
Make **PONT** Year **06** Model **PURSHIT** Colour **GREY** Body Style **4D**
Air Y N Plate No. **544ZPX** Prov. **ON** Number of Occupants in Vehicle **2**

Sex M F D.O.B. (Y/M/D) **M660330** Proper Licence to Drive Class of Vehicle Y N Suspended Driver Y N Breathalyzer, Blood Test, Admin. Y N
Make **HONDA** Year **04** Model **PILOT** Colour **BLACK** Body Style **SUV**
Air Y N Plate No. **BENA 498** Prov. **ON** Number of Occupants in Vehicle **2**

Vehicle
Owner (Last Name First) _____
 As above
Address _____ Telephone No. _____
Postal Code _____

Vehicle
Owner (Last Name First) **TEEUWEN, MARY**
 As above
Address **1997 COUNTY RD 8** Telephone No. **705-731-0225**
Postal Code **K0M 1A0**

Insurance Company and Policy No. **MANIFUND ASSURANCE COMP.**
PR88AA5146

Insurance Company and Policy No. **WESTERN ASSURANCE COMP.**
WAH 007367539

CVOR No. _____ Lic. Class Required Loaded Unloaded Approx. Speed **25** Km/hr.

CVOR No. _____ Lic. Class Required Loaded Unloaded Approx. Speed **0** Km/hr.

Trailer
Owner (Last Name First) _____
 As vehicle above
Address _____ Telephone No. _____
Postal Code _____

Trailer
Owner (Last Name First) _____
 As vehicle above
Address _____ Telephone No. _____
Postal Code _____

Insurance Company and Policy No. As Vehicle Above

Investigating Officer's Description of Accident & Diagram

VI, V2 W/B ON COUNTY ROAD 36 IN W/B LANE TRAVELLING @ 25 KHR. V2 STOPPED DUE TO CAR IN FRONT OF IT MAKING LEFT TURN INTO THE DRIVEWAY, V1 FAILED TO STOP, STRUCK REAR V2.

2881m
7.2m

Lanes/Speed	Number of Lanes	Posted Speed	
		Max.	Advisory
R1	2	50	
R2			

Descriptions of Code(s) 97, 98, 99 _____

Describe Damage to Other Property _____ Person and/or Agency Advised _____ Y M D Time _____

No. Involved Persons - Injured Taken To/By _____

Independent Witnesses - Name **CRIMLESS, JUSTIN**

Vehicle Taken To/By **BUCKHORN GARAGE/MIKE'S TAXING**

Persons Charged - Section and Act & P.O.T. No. **D1-SEC. 152(1) MTA #1086238A**

Name of Coroner _____ Telephone No. _____

If School Age Child Involved, Indicate School Name _____

Signature of Investigating Officer **[Signature]** Report completed on **09.08.09**

Signature of Supervisor _____ Badge No. _____ Y M D _____

Involved Persons	Veh. No.	Ped. No.	Other Information							
			72	73	74	75	76	77	78	
1										
2										
3										
4										



Motor Vehicle Accident Report

SPO9180612

Accident Number **11-09-00680** Page **1** of **1**
Accident Date **09/08/08** Day of the Week **SAT** Time **13:55**

Report Type Original Amended Failed To Remain

Time Officer Arrived or Police Force Reported to: **14:13 HRS**
Name of Investigating Officer: **JACK, Michael**
Name of Submitting Police Force: **O. P. P.**

Location
R1 Trafficway: **BRIDGE ST. 2m**
R2 Reference Point: **WARD ST.**
Municipality: **SMITH**
County, District, Reg. Municipality: **ENNSHORE-LAMBETH/PETERBOROUGH**

Driver 1
Driver (Last Name First): **DAVIS JONATHAN KENNETH**
Address: **160 LANGTON ST.**
Telephone No.: **705-768-4248**
Postal Code: **PETERBOROUGH ON**
Driver's Licence No.: **DO921-40958-40124**
Sex: **M** D.O.B. (Y/M/D): **8/4/01/24**

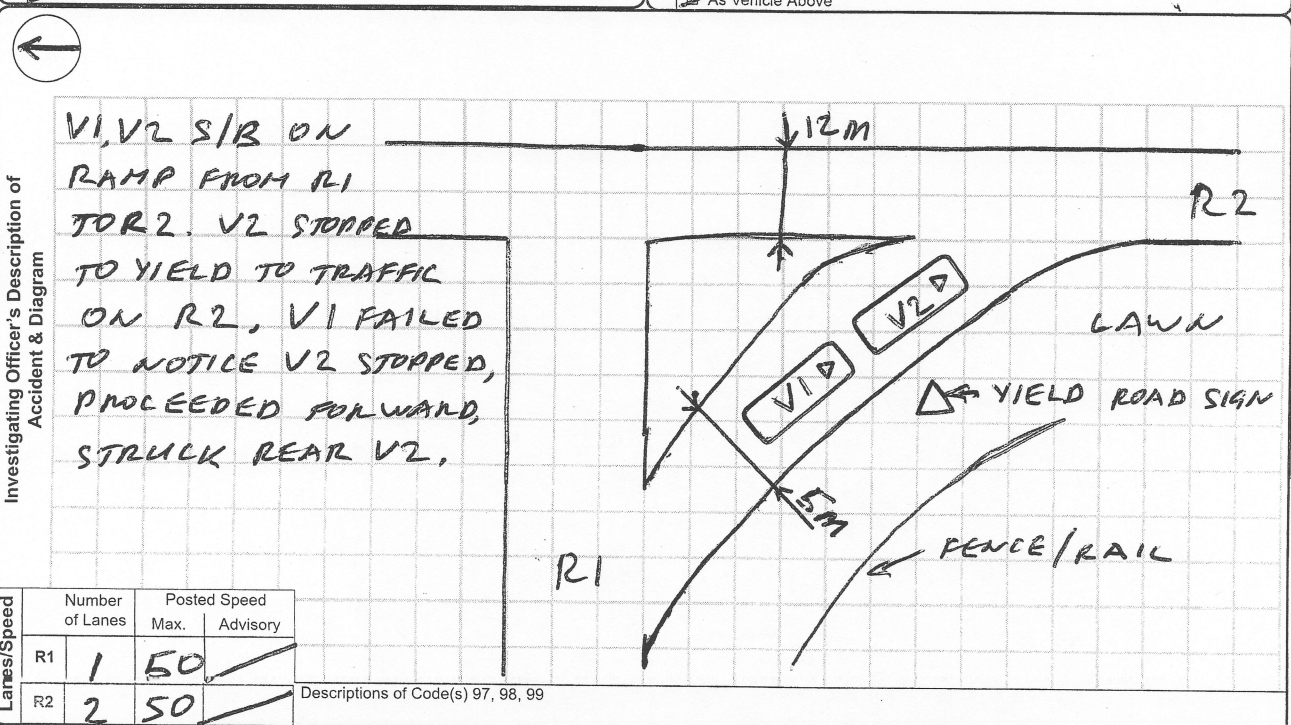
Driver 2
Driver (Last Name First): **PHINNEY CORIELYNN K**
Address: **11 WILSON AVE**
Telephone No.: **705-328-1934**
Postal Code: **K9V 5S1**
Driver's Licence No.: **P3484-13856-65623**
Sex: **F** D.O.B. (Y/M/D): **6/6/06/23**

Vehicle 1
Make: **DODGE** Year: **03** Model: **DAKOTA** Colour: **SILVER** Body Style: **PLC**
Plate No.: **1509WA** Prov.: **ON** Number of Occupants: **2**

Vehicle 2
Make: **PONTIAC** Year: **09** Model: **VIB** Colour: **RED** Body Style: **4D**
Plate No.: **BELS439** Prov.: **ON** Number of Occupants: **3**

Trailer 1
Insurance Company and Policy No.: **ECHELON GENERAL INS. COM.**
POL # **A20188693**
CVOR No.: **6** Lic. Class Required: **6** Loaded/Unloaded: Loaded

Trailer 2
Insurance Company and Policy No.: **AVIVA**
POL # **A20999431 PLA**
CVOR No.: **9** Lic. Class Required: **9** Loaded/Unloaded: Loaded



Lanes/Speed
R1: 1 lane, 50 km/h
R2: 2 lanes, 50 km/h

Describe Damage to Other Property: **None** Person and/or Agency Advised: **Y**

Involved Persons - Injured Taken To/By: **None**
Independent Witnesses - Name: **KOLODZIEJCZAK, SUSAN**
RYAN, MIKE
PHINNEY, ARLENE

Vehicle Taken To/By: **V1**
Persons Charged - Section and Act & P.O.T. No.: **DI-SEC. 130 HTA #2476809 A**
DI-SEC. 7(1)(a) HTA #2476810 A

Name of Coroner: **None** Telephone No.: **None**
Signature of Investigating Officer: **[Signature]** Report completed on: **09/08/08**

Involved Persons	Veh. No.	Ped. No.
1		
2		
3		
4		



Motor Vehicle Accident Report

SP09182523

Accident Number **11-09-00688** Page **1** of **1**
Accident Date **09/08/10** Day of the Week **MON** Time **14:30**

Report Type Original Amended Failed To Remain

Time Officer Arrived or Police Force Reported to: **14:45 MRS**
Name of Investigating Officer: **JACK, Michael**
Name of Submitting Police Force: **O.P.P.**

Location
R1 Trafficway: **WARD ST. 20M**
R2 Reference Point: **HARRISON ST.**
Municipality: **SMITH ENNISMORE-LAKEFIELD**
County, District, Reg. Municipality: **PETERBOROUGH**

Driver 1
Last Name First: **YOUNG, ERIN ROBERTA**
Address: **2425 BUCKHORN RD**
Telephone No.: **705-657-021**
Postal Code: **LAKEFIELD RRI ON K0L 2M0**
Driver's Licence No.: **Y6811-23377-76006**
Sex: **F** D.O.B. (Y/M/D): **77/1/06**
Proper Licence to Drive Class of Vehicle: Y N
Suspended Driver: Y N
Breathalyzer, Blood Test, Admin.: Y N

Driver 2
Last Name First: **LOMAX, ARTHUR**
Address: **2090 PRESTON RD**
Telephone No.: **705-742-7197**
Postal Code: **PETERBOROUGH ON K9J 6X4**
Driver's Licence No.: **L6330-06195-31220**
Sex: **M** D.O.B. (Y/M/D): **53/12/20**
Proper Licence to Drive Class of Vehicle: Y N
Suspended Driver: Y N
Breathalyzer, Blood Test, Admin.: Y N

Vehicle 1
Make: **CHEV** Year: **02** Model: **CAVALIER** Colour: **BLUE** Body Style: **4D**
Air: Y N Plate No.: **BDKE719** Prov.: **ON** Number of Occupants in Vehicle: **1**

Vehicle 2
Make: **DODGE** Year: **02** Model: **DAKOTA** Colour: **BLUE** Body Style: **PIC**
Air: Y N Plate No.: **EN6958** Prov.: **ON** Number of Occupants in Vehicle: **1**

Trailer 1
Owner (Last Name First): **As above**
Address: _____ Telephone No.: _____
Postal Code: _____

Trailer 2
Owner (Last Name First): **As above**
Address: _____ Telephone No.: _____
Postal Code: _____

Insurance Company and Policy No.
 Non-Insured: **ING INSURANCE COMP**
742574932

Insurance Company and Policy No.
 Non-Insured: **SECURITY NATIONAL INS COM.**
75565515

CVOR No.: _____ Lic. Class Required: _____ Loaded Unloaded Approx. Speed: **50** Km/hr.
Make: _____ Plate No.: _____ Prov.: _____

CVOR No.: _____ Lic. Class Required: _____ Loaded Unloaded Approx. Speed: **0** Km/hr.
Make: _____ Plate No.: _____ Prov.: _____

Insurance Company and Policy No. As Vehicle Above

Investigating Officer's Description of Accident & Diagram

VI, V2 N/RB ON R1 IN LI AT V2 STOPPED FOR TRAFFIC QUEUED BEFORE R2 MAKING LEFT TURN INTO R2. VI FAILED TO STOP, STRUCK REAR V2.

Lanes/Speed

	Number of Lanes	Posted Speed Max.	Posted Speed Advisory
R1	2	50	
R2			

Descriptions of Code(s) 97, 98, 99

Describe Damage to Other Property: _____ Person and/or Agency Advised: _____ Y M D Time

No. Involved Persons - Injured Taken To/By: _____ Independent Witnesses - Name: _____

Vehicle Taken To/By: **V1 OWNER'S RESIDENCE / CAA** Persons Charged - Section and Act & P.O.T. No.: **DI-SEC.130HTA *1086239A**

Name of Coroner: _____ Telephone No.: _____ If School Age Child Involved, Indicate School Name: _____

Signature of Investigating Officer: _____ Report completed on: **09/08/10** Signature of Supervisor: _____ Badge No.: _____ Y M D

Involved Persons	Veh. No.	Ped. No.	1	2	3	4	5	6	7	8
1										
2										
3										
4										



Motor Vehicle Accident Report

SP09191569
Accident Number **11-09-00710** Page **1** Of **1**
Accident Date **09/08/20** M D Day of the Week **THU** Time **06:30**

Ver 1
04 41

1 01

Report Type Original Amended Failed To Remain

03 42

Time Officer Arrived or Police Force Reported to: **07:05 HRS** Emergency Equipment in Attendance: **NORTH KAWARTHA FIRE** Service Performed: **TRAFFIC CONTROL** Dangerous Prod. Ident. No. (P.I.N.): **03**

03 43

Name of Investigating Officer: **JACK, MICHAEL** Badge No.: **12690** Div./Stat./Det.: **1100** Involvement I: **4** Plate/Equip: **0**

03 44

2 02

Name of Submitting Police Force: **O.P.P.** MTO Use: Only Highway Distance Unit: **4** Dir: **07**

07 45

4 01

Location R1: **COUNTY ROAD 504 0.1** Distance: **0.1** Km. Check as applicable: M. Km. N. S. E. W. M District: **0** Keypoint/Geocode: **0** Offset: **0** Ramp No.: **0**

Location R2: **MCCOY ROAD** Municipality: **NORTH KAWARTHA** County, District, Reg. Municipality: **PETERBOROUGH**

6 01

Driver 1: **LYE, RYAN WILLIAM C** Code: **2**

Driver 2: **[REDACTED]** Code: **[REDACTED]**

Address: **1526 COUNTY RD 48** Telephone No.: **705-313-1867**

Address: **[REDACTED]** Telephone No.: **[REDACTED]**

Postal Code: **HAVELOCK ON** KOL120

Postal Code: **[REDACTED]**

Driver's Licence No.: **L9638-68298-30330** Prov.: **ON** Class/Cond.: **9**

Driver's Licence No.: **[REDACTED]** Prov.: **[REDACTED]** Class/Cond.: **[REDACTED]**

Sex: **M** D.O.B. (Y/M/D): **83/03/30** Proper Licence to Drive Class of Vehicle: N. Suspended Driver: N. Breathalyzer, Blood Test, Admin.: N.

Sex: **[REDACTED]** D.O.B. (Y/M/D): **[REDACTED]** Proper Licence to Drive Class of Vehicle: N. Suspended Driver: N. Breathalyzer, Blood Test, Admin.: N.

Make: **GMC** Year: **02** Model: **SIERRA** Colour: **RED** Body Style: **PIC**

Make: **[REDACTED]** Year: **[REDACTED]** Model: **[REDACTED]** Colour: **[REDACTED]** Body Style: **[REDACTED]**

Air Brake: Y N. Plate No.: **4831 HC** Prov.: **ON** Number of Occupants in Vehicle: **1**

Air Brake: Y N. Plate No.: **[REDACTED]** Prov.: **[REDACTED]** Number of Occupants in Vehicle: **[REDACTED]**

Owner (Last Name First): **TROTTER, GEORGE G**

Owner (Last Name First): **[REDACTED]**

Address: **59 TROTTER RD, PO BOX 99** Telephone No.: **705-656-4388**

Address: **[REDACTED]** Telephone No.: **[REDACTED]**

Postal Code: **APSLEY** KOL1A0

Postal Code: **[REDACTED]**

Insurance Company and Policy No.: **THE CO-OPERATORS**

Insurance Company and Policy No.: **[REDACTED]**

CVOR No.: **505216804** Lic. Class Required: **75** Km/hr. Loaded Unloaded

CVOR No.: **[REDACTED]** Lic. Class Required: **[REDACTED]** Km/hr. Loaded Unloaded

Make: **[REDACTED]** Plate No.: **[REDACTED]** Prov.: **[REDACTED]**

Make: **[REDACTED]** Plate No.: **[REDACTED]** Prov.: **[REDACTED]**

Owner (Last Name First): **[REDACTED]**

Owner (Last Name First): **[REDACTED]**

Address: **[REDACTED]** Telephone No.: **[REDACTED]**

Address: **[REDACTED]** Telephone No.: **[REDACTED]**

Postal Code: **[REDACTED]**

Postal Code: **[REDACTED]**

Insurance Company and Policy No.: **[REDACTED]**

Insurance Company and Policy No.: **[REDACTED]**

As Vehicle Above: As Vehicle Above

As Vehicle Above: As Vehicle Above

21 05

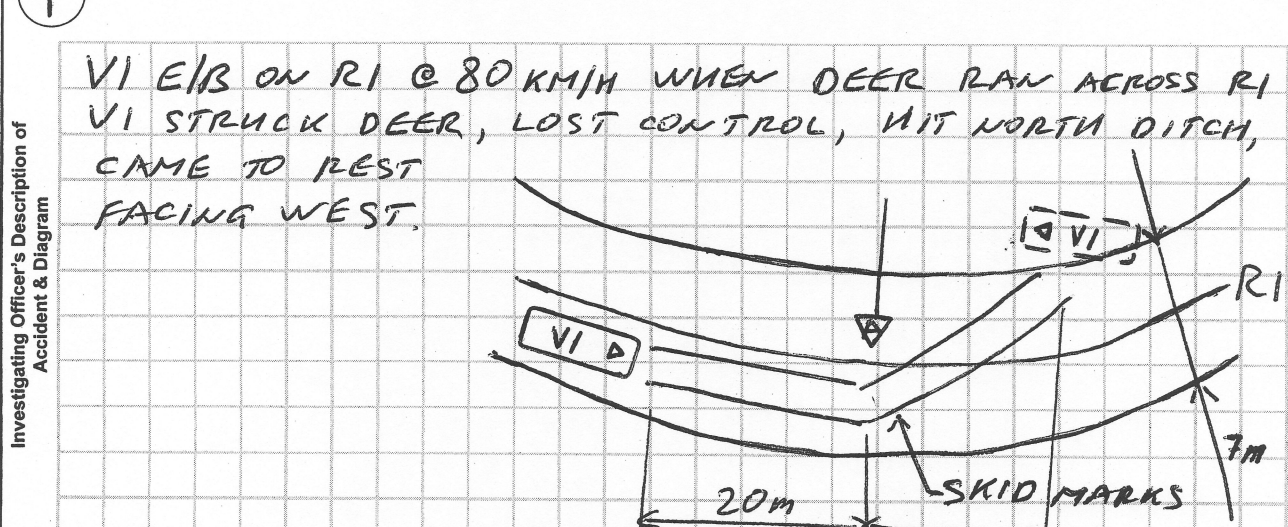
Investigating Officer's Description of Accident & Diagram: **VI E/RB ON R1 @ 80 KM/H WHEN DEER RAN ACROSS R1 VI STRUCK DEER, LOST CONTROL, HIT NORTH DITCH, CAME TO REST FACING WEST.**

01 62

13 63

64 64

65 65



66 66

67 67

68 68

31 01

Lanes/Speed	Number of Lanes	Posted Speed Max.	Posted Speed Advisory
R1	2	80	
R2			

Descriptions of Code(s) 97, 98, 99

33 01

Describe Damage to Other Property: **[REDACTED]** Person and/or Agency Advised: **[REDACTED]** Y M D Time: **[REDACTED]**

35 01

No. Involved Persons - Injured Taken To/By: **[REDACTED]** Independent Witnesses - Name: **[REDACTED]**

Error Entry

Vehicle Taken To/By: **V1 KEMP'S GARAGE / MARK KEMP TOWING** Persons Charged - Section and Act & P.O.T. No.: **[REDACTED]**

39

Name of Coroner: **[REDACTED]** Telephone No.: **[REDACTED]** If School Age Child Involved, Indicate School Name: **[REDACTED]**

40

Signature of Investigating Officer: **[REDACTED]** Report completed on: **09/08/20** Signature of Supervisor: **[REDACTED]** Badge No.: **[REDACTED]** Y M D: **[REDACTED]**

Involved Persons	Veh. No.	Ped. No.	72	73	74	75	76	77	78
1									
2									
3									
4									

Press firmly you are making 5 copies

All boxes must be completed by officers submitting Report. Specify all codes **97. 98. 99** on this Report



Motor Vehicle Accident Report

SPO9220394

1 01

Report Type Original Amended Failed To Remain

Accident Number 1E09-00786 Page 1 of 1
Accident Date 09/09/20 SUN 20:35

03 42

2 02
3 01

Time Officer Arrived or Police Force Reported to: 21:44 HRS
Name of Investigating Officer: JACK, MICHAEL
Name of Submitting Police Force: O.P.P.

04 43
0 44

4 01
5 01

Location
R1 Trafficway: COUNTY ROAD 36 350m
R2 Reference Point: MILLLINE RD.
Municipality: HALLOWAY
County: CAVENDISH HALLOWAY AND PETERBOROUGH

07 45

6 07

Driver 1
Driver (Last Name First): NICHOLLS CALVIN L
Address: 48 BOND ST
Telephone No.: 705-878-1650
Postal Code: K9V 3R2
Driver's Licence No.: N4088-10865-70307 ON Q1

Driver 2
Driver (Last Name First):
Address:
Telephone No.:
Postal Code:

01 46

7 10

Sex: M, D.O.B. (Y/M/D): 14570307, Proper Licence to Drive Class of Vehicle: Y, Suspended Driver: N, Breathalyzer, Blood Test, Admin.: Y

Sex:
D.O.B. (Y/M/D):
Proper Licence to Drive Class of Vehicle: Y N
Suspended Driver: Y N
Breathalyzer, Blood Test, Admin.: Y N

01 47

8 02

Vehicle 1
Make: NISSAN, Year: 08, Model: VSL, Colour: BLUE, Body Style: 4D
Air: Y N, Plate No.: 133DA 916, Prov.: ON, Number of Occupants in Vehicle: 3

Vehicle 2
Make:
Year:
Model:
Colour:
Body Style:

09 48

9 01

Trailer 1
Owner (Last Name First):
Address:
Telephone No.:
Postal Code:

Trailer 2
Owner (Last Name First):
Address:
Telephone No.:
Postal Code:

01 49

10 01

Insurance Company and Policy No.: STATE FARM MUTUAL
CVOR No.: 079 6796-D10-60C

Insurance Company and Policy No.:
CVOR No.:

01 50

11 01

CVOR No.:
Lic. Class Required: Loaded Unloaded, Approx. Speed Km/hr: 85

CVOR No.:
Lic. Class Required: Loaded Unloaded, Approx. Speed Km/hr:

01 51

12 01

Owner (Last Name First):
Address:
Telephone No.:
Postal Code:

Owner (Last Name First):
Address:
Telephone No.:
Postal Code:

01 52

13 01

Trailer 1
Insurance Company and Policy No.:
As Vehicle Above

Trailer 2
Insurance Company and Policy No.:
As Vehicle Above

01 53

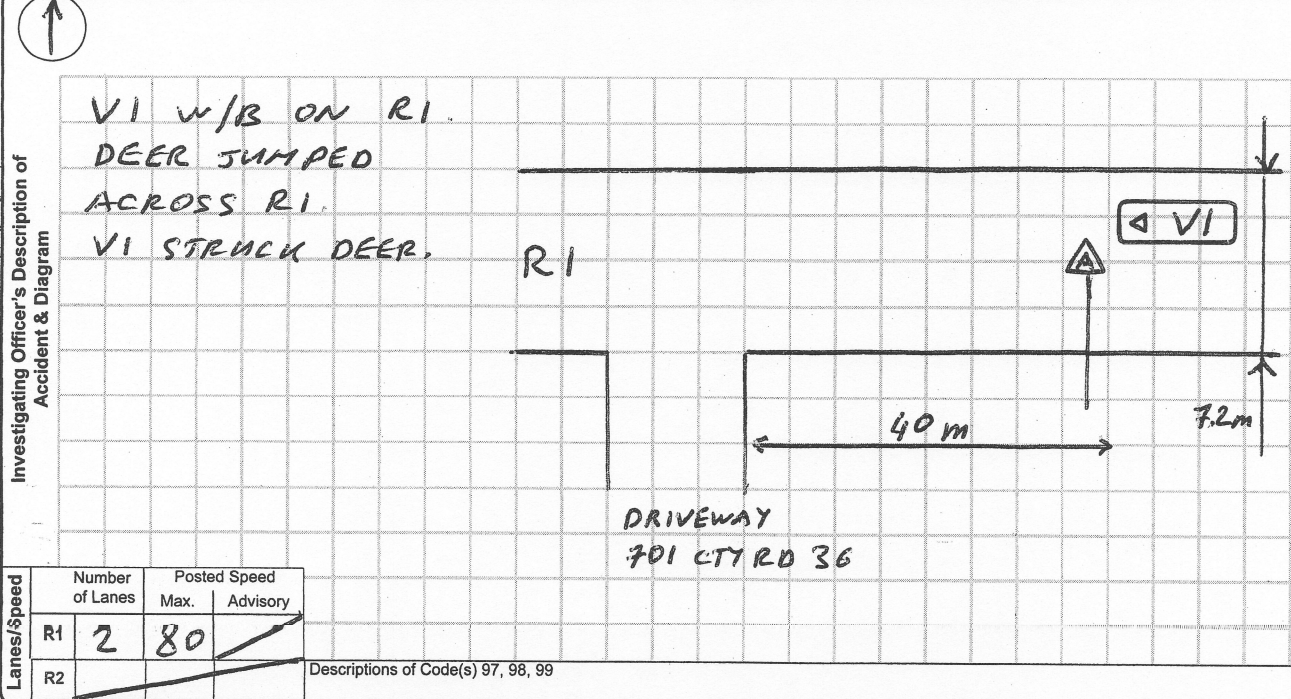
14 01

Trailer 1
Insurance Company and Policy No.:
As Vehicle Above

Trailer 2
Insurance Company and Policy No.:
As Vehicle Above

01 54

21 01



11 62

10 63

64

65

31 01

Lanes/Speed	Number of Lanes	Posted Speed	
		Max.	Advisory
R1	2	80	
R2			

Descriptions of Code(s) 97, 98, 99

66

67

68

33 01

Describe Damage to Other Property: Person and/or Agency Advised: Y M D Time

35 01

No. Involved Persons - Injured Taken To/By: Independent Witnesses - Name: NICHOLLS, ANNE

Error Entry

36 01

No. Involved Persons - Injured Taken To/By: Independent Witnesses - Name: NICHOLLS, PHILIP

37 01

Vehicle Taken To/By: V1, V2: Persons Charged - Section and Act & P.O.T. No.

39 01

Name of Coroner: Telephone No.: If School Age Child Involved, Indicate School Name

40 01

Signature of Investigating Officer: Report completed on 09/09/20: Signature of Supervisor: Badge No. Y M D

Involved Persons	Ver. No.	Ped. No.
1		
2		
3		
4		

72 73 74 75 76 77 78

Press firmly you are making 5 copies

All boxes must be completed by officers submitting Report. Specify all codes 97, 98, 99 on this Report



Motor Vehicle Accident Report

SPO9223281

Accident Number **1E-09-00799** Page **1** Of **1**
Accident Date **09 09 24 THU** Time **18:10**

Report Type Original Amended Failed To Remain

02 42

Time Officer Arrived or Police Force Reported to: **18:45 MRS** Emergency Equipment in Attendance: **FIRE** Service Performed: **ASSIST** Prod. Ident. No. (P.I.N.):
Name of Investigating Officer: **JACK, Michael** Badge No.: **12640** Div./Stat./Det.: **1100** Plat./Squad: **D**
Name of Submitting Police Force: **O.P.P.**

04 43
01 44

Location
R1 Trafficway: **COUNTY ROAD 45** Distance: M. Km. N. S. E. W. M District: **0** Keypoint/Geocode: **0** Offset: **0** Ramp No.: **0**
R2 Reference Point: **COUNTY ROAD 42** Municipality: **ASPHEDEL NORWOOD TWP.** County: **PETERBOROUGH**

02 45

Driver 1
Driver (Last Name First): **PETERSON, MICHAEL D** Code: **61**
Address: **14 PINE COURT** Telephone No.: **705-924-1628**
Postal Code: **WARKWORTH R4 KOK 3K0**
Driver's Licence No.: **P2847-54426-20505** Prov.: **ON** Class: **G**
Sex: **M** D.O.B. (Y/M/D): **620505** Proper Licence to Drive Class of Vehicle: Y N Suspended Driver: Y N Breathalyzer, Blood Test, Admin.: Y N

01 46
01 47

Driver 2
Driver (Last Name First): **MENARD, LESLIE CHRISTINE** Code: **61**
Address: **2318 COUNTY RD 45** Telephone No.: **705-634-1279**
Postal Code: **BX452 NORWOOD ON KOL 2V0**
Driver's Licence No.: **M2495-46227-86031** Prov.: **ON** Class: **B**
Sex: **F** D.O.B. (Y/M/D): **781031** Proper Licence to Drive Class of Vehicle: Y N Suspended Driver: Y N Breathalyzer, Blood Test, Admin.: Y N

01 48
01 49

Vehicle 1
Make: **CHEV** Year: **04** Model: **SILVERA** Colour: **GREY** Body Style: **PIC**
Air: Y N Plate No.: **1731NM** Prov.: **ON** Number of Occupants in Vehicle: **1**
Owner (Last Name First): **As above**
Address: **As above** Telephone No.: **As above**
Postal Code: **As above**
Insurance Company and Policy No.: **ECONOMICAL MUTUAL INS. 3651559**
CVOR No.: **As above** Lic. Class Required: **As above** Loaded Unloaded Approx. Speed: **60** Km/hr.
Make: **As above** Plate No.: **As above** Prov.: **As above**

01 50
01 51

Vehicle 2
Make: **FRMT** Year: **06** Model: **CHA** Colour: **YELLOW** Body Style: **S18**
Air: Y N Plate No.: **SE6315** Prov.: **ON** Number of Occupants in Vehicle: **1**
Owner (Last Name First): **STUDENT TRANSPORTATION OF CANADA INC**
Address: **STC 6-160 SAUNDERS RD** Telephone No.: **705-721-2626**
Postal Code: **BARRIE ON L4N 9A4**
Insurance Company and Policy No.: **LOMBARD CANADA CBC 0633318**
CVOR No.: **152952466** Lic. Class Required: **As above** Loaded Unloaded Approx. Speed: **55** Km/hr.
Make: **As above** Plate No.: **As above** Prov.: **As above**

01 52
01 53

Trailer 1
Owner (Last Name First): **As above**
Address: **As above** Telephone No.: **As above**
Postal Code: **As above**
Insurance Company and Policy No.: **As above**

01 54
01 55

Trailer 2
Owner (Last Name First): **As above**
Address: **As above** Telephone No.: **As above**
Postal Code: **As above**
Insurance Company and Policy No.: **As above**

01 56
01 57

Lanes/Speed
R1 Number of Lanes: **2** Posted Speed Max.: **50** Advisory: **As above**
R2 Number of Lanes: **2** Posted Speed Max.: **60** Advisory: **As above**

01 58
01 59

Describe Damage to Other Property: **BILLBOARD** Person and/or Agency Advised: **JIM THOMAS OWNER** Y M D Time: **09 09 24 18:10**

01 60
01 61

No. Involved Persons - Injured Taken To/By: **1 CAMPBELLFORD HOSPITAL/EMS** Independent Witnesses - Name: **HORNBY, TAYLOR**
KIMBALL, BILL

05 62
17 63
01 64
01 65

Vehicle Taken To/By: **V1 NORWOOD AUTO PRO/NORWOOD AUTO PRO** Persons Charged - Section and Act & P.O.T. No.: **DI HTA 136(1)(a) 1086870A**
V2 LIFTLOCK TOWING

01 66
01 67
01 68

Name of Coroner: **As above** Telephone No.: **As above** If School Age Child Involved, Indicate School Name: **As above**

Signature of Investigating Officer: **As above** Report completed on: **09 09 25** Signature of Supervisor: **As above** Badge No.: **As above** Y M D

Involved Persons	Veh. No.	Ped. No.	Age	Sex	Height	Weight	Build	Hair	Eyes	Complexion	Other
1	DI										
2											
3											
4											
5											

Press firmly you are making 5 copies All boxes must be completed by officers submitting Report. Specify all codes **97, 98, 99** on this Report



Motor Vehicle Accident Report

SP09245861

Accident Number **12-09-00886** Page **1 of 1**

Accident Date **09/10/21** Day of the Week **WED** Time **04:25**

1 **03**

2 **01**

3 **02**

4 **02**

5 **01**

6 **01**

7 **02**

8 **01**

9 **02**

10 **02**

11 **01**

12 **01**

13 **01**

14 **01**

15 **02**

16 **02**

17 **02**

18 **01**

19 **01**

20 **02**

Ver 1

04 41

03 42

03 43

03 44

05 45

05 46

01 47

01 48

01 49

01 50

01 51

01 52

01 53

01 54

01 55

01 56

01 57

01 58

01 59

01 60

04 61

Time Officer Arrived or Police Force Reported to: **17:11 HRS** Emergency Equipment in Attendance: _____ Service Performed: _____ Prod. Ident. No. (P.I.N.): _____

Name of Investigating Officer: **JACK, MICHAEL** Badge No. **12690** Div./Out./Det. **1200** Plate/Squad **0**

Name of Submitting Police Force: **O.P.P.** MTO Use Only: _____ Highway: _____ Distance Unit: _____ Dir: _____

Location

R1 Trafficway: **COUNTY ROAD 2** Distance: _____ Check as applicable: M. Km. N. S. E. W. M District: _____ Keypoint/Geocode: _____ Offset: _____ Ramp No: _____

R2 Reference Point: **ASPHODEL 6TH LINE** Municipality: **TOWNSHIP OF ASPHODEL-NORWOOD** County, District, Reg. Municipality: **PETERBOROUGH**

Driver (Last Name First): **KLOMPMAKER, TIMOTHY P** Code: _____

Address: **2022 COUNTY RD 45** Telephone No.: **705-639-5286**

NORWOOD R2 ON KOL 2VO Postal Code: _____

Driver's Licence No.: **K5524-74276-31014 ON** Prov. **D** Class **Z** Cond. _____

Sex: **M** D.O.B. (Y/M/D): **6/3/01** Proper Licence to Drive Class of Vehicle: Y N Suspended Driver: Y N Breathalyzer, Blood Test, Admin.: Y N

Driver (Last Name First): **O'KANE, JENNIFER M** Code: _____

Address: **11 DOUGLAS ST** Telephone No.: **705-924-9601**

NORHAM ON Postal Code: **K0K 3K0**

Driver's Licence No.: **04828-39567-56023 ON** Prov. **G** Class **1** Cond. _____

Sex: **F** D.O.B. (Y/M/D): **7/5/02** Proper Licence to Drive Class of Vehicle: Y N Suspended Driver: Y N Breathalyzer, Blood Test, Admin.: Y N

Make: **DODGE** Year: **09** Model: **RAM** Colour: **BLACK** Body Style: **PIC**

Air: Y N Plate No.: **4977XN** Prov. **ON** Number of Occupants in Vehicle: **1**

Brake: N

Make: **FORD** Year: **98** Model: **TAURUS** Colour: **SILVER** Body Style: **4D**

Air: Y N Plate No.: **APF659** Prov. **ON** Number of Occupants in Vehicle: **1**

Brake: N

Owner (Last Name First): _____

As above

Address: _____ Telephone No.: _____

Postal Code: _____

Owner (Last Name First): _____

As above

Address: _____ Telephone No.: _____

Postal Code: _____

Insurance Company and Policy No.:

None **ECONOMICAL INSURANCE**

6313182

Insurance Company and Policy No.:

None **ECHELON GENERAL INS. CO.**

A20040497

CVOR No.: _____ Lic. Class Required: _____ Loaded Unloaded Approx. Speed: **5** Km/hr.

CVOR No.: _____ Lic. Class Required: _____ Loaded Unloaded Approx. Speed: **75** Km/hr.

Trailer

Make: _____ Plate No.: _____ Prov.: _____

Owner (Last Name First): _____

As vehicle above

Address: _____ Telephone No.: _____

Postal Code: _____

Insurance Company and Policy No.: _____

As Vehicle Above

Trailer

Make: _____ Plate No.: _____ Prov.: _____

Owner (Last Name First): _____

As vehicle above

Address: _____ Telephone No.: _____

Postal Code: _____

Insurance Company and Policy No.: _____

As Vehicle Above

Investigating Officer's Description of Accident & Diagram

V2 WAS TRAVELLING E/B ON R1 AT REPORTED SPEED, WHEN V1 MADE A RIGHT HAND TURN FROM R2 N/B LANE INTO R1 E/B LANE. V1 FAILED TO YIELD TO V2, V1 STRUCK V2 IN THE RIGHT REAR SIDE.

Lanes/Speed	Number of Lanes		Posted Speed	
	Max.	Advisory	Max.	Advisory
R1	2	80		
R2	2	50		

Describe Damage to Other Property: _____ Person and/or Agency Advised: _____ Y M D Time _____

No. Involved Persons - Injured Taken To/By: _____ Independent Witnesses - Name: _____

Vehicle Taken To/By: **V1 J.J. STEWART MOTORS / J.J. STEWART** Persons Charged - Section and Act & P.O.T. No.: **D1 - SEC. 136(1)(b) HTA 1086249A**

V2 J.J. STEWART MOTORS / J.J. STEWART TOWING

Name of Coroner: _____ Telephone No.: _____ If School Age Child Involved, Indicate School Name: _____

Signature of Investigating Officer: **[Signature]** Report completed on **09/10/21** Signature of Supervisor: _____ Badge No.: _____ Y M D _____

Involved Persons	Veh. No.		Ped. No.	
	1	2	3	4
1				
2				
3				
4				
5				



Motor Vehicle Accident Report

SPO9249937

Accident Number **11-09-00898** Page **1** of **2**
Accident Date **09/10/27** M D Day of the Week **THU** Time **07:00**

Report Type Original Amended Failed To Remain

Time Officer Arrived or Police Force Reported to: **07:42 HRS** Emergency Equipment in Attendance _____ Service Performed _____ Prod. Ident. No. (P.I.N.) _____
Name of Investigating Officer: **JACK, Michael** Badge No. **12690** Div./Stat./Det. **1100** Plate No. **D**
Name of Submitting Police Force: **O.P.P.** MTO Use Only Highway Distance Unit Dir. _____

Location R1 **SPRINGWOOD PARKING LOT** Distance _____ Check as applicable M. Km. N. S. E. W. District **1** Keypoint/Geocode _____ Offset _____ Ramp No. _____
R2 **53 SPRING ST.** Municipality **ASPENHOLM-NORWOOD TWP.** County, District, Reg. Municipality **PETERBOROUGH**

1 Driver (Last Name First) **GOLLOHER, MARGERY E** Code _____
Address **112-53 SPRING ST** Telephone No. **705-639-1118**
NORWOOD ON Postal Code **K0L 2V0**
Driver's Licence No. **G6281-51834-46022** Prov. **ON** Class **G** Cond. _____
Sex **F** D.O.B. (Y/M/D) **44/10/22** Proper Licence to Drive Class of Vehicle N Suspended Driver Y N Breathalyzer, Blood Test, Admin. Y N

2 Driver (Last Name First) **CLARK, NORMA JOAN** Code _____
Address **106-53 SPRING ST** Telephone No. **705-639-5304**
NORWOOD ON Postal Code **K0L 2V0**
Driver's Licence No. **C5086-59752-85607** Prov. **ON** Class **G** Cond. _____
Sex **F** D.O.B. (Y/M/D) **28/06/07** Proper Licence to Drive Class of Vehicle N Suspended Driver Y N Breathalyzer, Blood Test, Admin. Y N

Vehicle Indirectly Involved
Make **DODGE** Year **08** Model **AXT** Colour **BEIGE** Body Style **4D**
Air Brake Y N Plate No. **005ZEY** Prov. **ON** Number of Occupants in Vehicle **1**
Owner (Last Name First) _____
 As above
Address _____ Telephone No. _____
Postal Code _____

Vehicle Indirectly Involved
Make **OLDS** Year **94** Model **CIS** Colour **BLUE** Body Style **4D**
Air Brake Y N Plate No. **ATM W623** Prov. **ON** Number of Occupants in Vehicle **0**
Owner (Last Name First) _____
 As above
Address _____ Telephone No. _____
Postal Code _____

Trailer _____
Insurance Company and Policy No. None **THE DOMINION OF CANADA**
APP 4580270

Trailer _____
Insurance Company and Policy No. None **OPTIMUM INSURANCE COMPANY**
A12825101

CVOR No. _____ Lic. Class Required Loaded Unloaded **10** Km/hr.

CVOR No. _____ Lic. Class Required Loaded Unloaded **0** Km/hr.

Make _____ Plate No. _____ Prov. _____
Owner (Last Name First) _____
 As vehicle above
Address _____ Telephone No. _____
Postal Code _____
Insurance Company and Policy No. As Vehicle Above

Make _____ Plate No. _____ Prov. _____
Owner (Last Name First) _____
 As vehicle above
Address _____ Telephone No. _____
Postal Code _____
Insurance Company and Policy No. As Vehicle Above

Investigating Officer's Description of Accident & Diagram

VI PULLED OUT FROM PARKING LOT, FAILED TO NEGOTIATE LEFT TURN, ACCELERATED FORWARD, STRUCK PARKED V2 IN THE REAR, PUSHED V2 FORWARD. V2 STRUCK V3 ON RIGHT FRONT AND SMASHED AN AIR CONDITIONING UNIT AFTER GOING THROUGH THE FENCE AT 51 SPRING ST.

51 SPRING ST. HOUSE AIR CONDITIONER FENCE
53 SPRING ST. SPRINGWOOD APARTMENT COMPLEX

Lanes/Speed	Number of Lanes	Posted Speed Max.	Advisory
R1			
R2			

Descriptions of Code(s) 97, 98, 99

Describe Damage to Other Property **AIR CONDITIONER, FENCE** Person and/or Agency Advised **OWNER-PATTERSON, JUDY** Y M D Time **09/10/27 27:07:00**

No. Involved Persons - Injured Taken To/By _____ Independent Witnesses - Name **PATTERSON, JUDY**

Vehicle Taken To/By **V1** Persons Charged - Section and Act & P.O.T. No. _____
V2 J.J. STEWART MOTORS / J.J. STEWART

Name of Coroner _____ Telephone No. _____ If School Age Child Involved, Indicate School Name _____
Signature of Investigating Officer **[Signature]** Report completed on **09/10/27** Signature of Supervisor _____ Badge No. _____ Y M D

Involved Persons	Veh. No.	Ped. No.
1		
2		
3		
4		

Press firmly you are making 5 copies

All boxes must be completed by officers submitting Report. Specify all codes **97. 98. 99** on this Report



Motor Vehicle Accident Report

SPO9249937

Accident Number	1E-09-00898	Page	2 of 2
Accident Date	09/02/7 THU	Time	07:00

Report Type	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Amended	<input type="checkbox"/> Failed To Remain
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Time Officer Arrived or Police Force Reported to:	07:42 MRS	Emergency Equipment in Attendance	Service Performed	Prod. Ident. No. (P.I.N.)
Name of Investigating Officer	JACK, MICHAEL	Badge No.	12690	Div./Stat./Det.
Name of Submitting Police Force	O.P.P.	Plat/Squad	D	

Location R1	SPRINGWOOD PARKING LOT	Distance	Check as applicable	M District	Keypoint/Geocode	Offset	Ramp No.
Location R2	53 SPRING ST.	Municipality	ASPHODEL-NORWOOD	County, District, Reg. Municipality	PETERBOROUGH		

Driver (Last Name First)	KITCHENER, EVELYN E	Code	2
Address	17 SCOTT'S NORWOOD	Telephone No.	705-639-5742
Postal Code	202-53 SPRING ST.	Postal Code	NOL 2V0
Driver's Licence No.	K4690-25433-55622	Prov.	ON
Sex	F	D.O.B. (Y/M/D)	35/06/22
Proper Licence to Drive Class of Vehicle	<input checked="" type="checkbox"/> Y	Suspended Driver	<input type="checkbox"/> N
Breathalyzer, Blood Test, Admin.	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N

Driver (Last Name First)		Code	
Address		Telephone No.	
Postal Code		Postal Code	
Driver's Licence No.		Prov.	
Sex		D.O.B. (Y/M/D)	
Proper Licence to Drive Class of Vehicle	<input type="checkbox"/> Y	Suspended Driver	<input type="checkbox"/> N
Breathalyzer, Blood Test, Admin.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N

Make	TOYOTA	Year	97	Model	CTC	Colour	WHITE	Body Style	4D
Air Brake	<input type="checkbox"/> Y	Plate No.	680YTK	Prov.	ON	Number of Occupants in Vehicle	0		
Owner (Last Name First)	<input checked="" type="checkbox"/> As above								
Address									
Telephone No.									
Postal Code									

Make		Year		Model		Colour		Body Style	
Air Brake	<input type="checkbox"/> Y	Plate No.		Prov.		Number of Occupants in Vehicle			
Owner (Last Name First)	<input type="checkbox"/> As above								
Address									
Telephone No.									
Postal Code									

Insurance Company and Policy No.	ROYAL SUN ALLIANCE INS.
CVOR No.	PER 005787329

Insurance Company and Policy No.	
CVOR No.	

CVOR No.		Lic. Class Required	<input checked="" type="checkbox"/> Loaded	Approx. Speed Km/hr.	0
Make		Plate No.	<input checked="" type="checkbox"/> Unloaded	Prov.	
Owner (Last Name First)	<input type="checkbox"/> As vehicle above				
Address					
Telephone No.					
Postal Code					
Insurance Company and Policy No.	<input type="checkbox"/> As Vehicle Above				

CVOR No.		Lic. Class Required	<input type="checkbox"/> Loaded	Approx. Speed Km/hr.	
Make		Plate No.	<input type="checkbox"/> Unloaded	Prov.	
Owner (Last Name First)	<input type="checkbox"/> As vehicle above				
Address					
Telephone No.					
Postal Code					
Insurance Company and Policy No.	<input type="checkbox"/> AS Vehicle Above				

Investigating Officer's Description of Accident & Diagram	Lanes/Speed		Number of Lanes		Posted Speed	
	R1			Max.	Advisory	
Descriptions of Code(s) 97, 98, 99						

Describe Damage to Other Property	Person and/or Agency Advised	Y	M	D	Time
-----------------------------------	------------------------------	---	---	---	------

No.	Involved Persons - Injured Taken To/By	Independent Witnesses - Name
-----	--	------------------------------

Vehicle Taken To/By	Persons Charged - Section and Act & P.O.T. No.
---------------------	--

Name of Coroner	Telephone No.	If School Age Child Involved, Indicate School Name
-----------------	---------------	--

Signature of Investigating Officer	Report completed <input type="checkbox"/> on	Y	M	D	Signature of Supervisor	Badge No.	Y	M	D
------------------------------------	--	---	---	---	-------------------------	-----------	---	---	---

Involved Persons	Veh. No.	Ped. No.							
1									
2									
3									
4									
5	69	70	71			72	73	74	75
						76	77	78	

Press firmly you are making 5 copies

All boxes must be completed by officers submitting Report. Specify all codes 97. 98. 99 on this Report

Motor Vehicle Accident Report

SP09251963

1 01

Report Type Original Amended Failed To Remain

Accident Number 11-09-00908 Page 1 Of 1
Accident Date 09/10/30 FRI 06:10

04 41

08 42

04 43

08 44

07 45

01 46

01 47

09 48

01 49

01 50

01 51

01 52

01 53

01 54

01 55

01 56

01 57

01 58

01 59

02 60

01 61

12 62

63

64

65

66

67

68

Error Entry

69

70

71

72

73

74

75

76

77

78

Time Officer Arrived or Police Force Reported to: 06:57 HRS
Name of Investigating Officer: JACK, Michael
Name of Submitting Police Force: O.P.P.

Location
R1: COUNTY ROAD 2 900m
R2: COUNTY ROAD 38
Municipality: ASPHODEL NORWOOD TWP
County, District, Reg. Municipality: PETERBOROUGH

Driver 1
Driver (Last Name First): MCINTOSH, STACEY
Address: 1235 HEATHER GLEN RD
Postal Code: K0L 1Y0
Driver's Licence No.: M1594-72068-15714 ON
Sex: F, D.O.B.: 8/10/71, Proper Licence to Drive Class of Vehicle: N, Suspended Driver: Y, Breathalyzer, Blood Test, Admin.: N

Vehicle 1
Make: PONTIAC, Year: 08, Model: GBS, Colour: BLUE, Body Style: 4D
Air Brake: Y, Plate No.: 13DJY803, Prov.: ON, Number of Occupants in Vehicle: 1

Owner (Last Name First): As above
Address: _____
Telephone No.: _____
Postal Code: _____

Insurance Company and Policy No.: INTACT INSURANCE COM., 4 2059 7839

CVOR No.: _____, Lic. Class Required: 4, Loaded/Unloaded: Unloaded, Approx. Speed: 80 Km/hr.

Owner (Last Name First): As vehicle above
Address: _____
Telephone No.: _____
Postal Code: _____

Insurance Company and Policy No.: As Vehicle Above

Investigating Officer's Description of Accident & Diagram
VI W/B ON R1 TRAVELLING @ REPORTED SPEED WHEN DEER JUMPED IN FRONT OF VI. VI STRUCK DEER.

Lanes/Speed

	Number of Lanes	Posted Speed Max.	Advisory
R1	2	80	/
R2			

Describe Damage to Other Property: _____ Person and/or Agency Advised: Y M D Time

No. Involved Persons - Injured Taken To/By: _____ Independent Witnesses - Name: _____

Vehicle Taken To/By: V1 _____ Persons Charged - Section and Act & P.O.T. No.: _____

Name of Coroner: _____ Telephone No.: _____ If School Age Child Involved, Indicate School Name: _____

Signature of Investigating Officer: [Signature] Report completed on: 09/10/30 Signature of Supervisor: _____

Involved Persons

Veh. No.	Ped. No.	72	73	74	75	76	77	78
1								
2								
3								
4								
5								

Motor Vehicle Accident Report

SP09251993

1	01	Report Type <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended <input type="checkbox"/> Failed To Remain	Accident Number 11-09-00909	Page 1 of 1	03
2	02	Name of Investigating Officer JACK, Michael	Badge No. 12690	Div./Station 1100	03
3	01	Name of Submitting Police Force O.P.P.	MTO Use Only	Highway	03
4	01	Location R1 WEBSTER RD. 1	Distance	Check as applicable <input type="checkbox"/> M. <input checked="" type="checkbox"/> Km. <input type="checkbox"/> N. <input type="checkbox"/> S. <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.	07
5	01	R2 6TH LINE ROAD DUMMER S	Municipality DOURO-DUMMER TWP.	County, District, Reg. Municipality PETERBOROUGH	07
6	01	Driver (Last Name First) DAVIS, CRYSTAL JO-ANN	Code	Driver (Last Name First)	01
7	10	Address 1760 3RD LINE RD	Telephone No. 705-652-1159	Address	01
8	01	Postal Code N DUMMER, LAKEFIELD RD. KOL 2HO	Postal Code	Postal Code	01
9	02	Driver's Licence No. D0921-14357-35729 ON	Prov. <input checked="" type="checkbox"/> ON <input type="checkbox"/> G	Class <input checked="" type="checkbox"/> G <input type="checkbox"/> 1	01
10	01	Sex <input checked="" type="checkbox"/> F <input type="checkbox"/> M	D.O.B. (Y/M/D) F730729	Proper Licence to Drive Class of Vehicle <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	01
11	01	Suspended Driver <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Breathalyzer, Blood Test, Admin. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Sex <input type="checkbox"/> F <input type="checkbox"/> M	01
12	01	Make FORD	Year 05	Model SRW	09
13	01	Colour WHITE	Body Style PIC	Make	09
14	01	Air Brake <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Plate No. 5336NV	Prov. ON	01
15	01	Number of Occupants in Vehicle 2	Owner (Last Name First)	Owner (Last Name First)	01
16	01	As above	Address	Address	01
17	01	Telephone No.	Telephone No.	Telephone No.	01
18	01	Postal Code	Postal Code	Postal Code	01
19	01	Insurance Company and Policy No. RBC INSURANCE	Insurance Company and Policy No.	Insurance Company and Policy No.	01
20	01	CVOR No. 21543443	Lic. Class Required <input checked="" type="checkbox"/> 6	Lic. Class Required <input type="checkbox"/> 6	01
21	01	Loaded <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Approx. Speed 70 Km/hr.	Approx. Speed 70 Km/hr.	01
22	01	Make	Plate No.	Plate No.	01
23	01	Prov.	Owner (Last Name First)	Owner (Last Name First)	01
24	01	As vehicle above	Address	Address	01
25	01	Telephone No.	Telephone No.	Telephone No.	01
26	01	Postal Code	Postal Code	Postal Code	01
27	01	Insurance Company and Policy No. As Vehicle Above	Insurance Company and Policy No.	Insurance Company and Policy No.	01
28	01	As Vehicle Above	As Vehicle Above	As Vehicle Above	01

Investigating Officer's Description of Accident & Diagram

VI E/B ON R1 TRAVELLING & REPORTED SPEED WHEN DEER JUMPED OUT, STRUCK VI.

Lanes/Speed

	Number of Lanes	Posted Speed Max.	Advisory
R1	2	80	
R2			

Descriptions of Code(s) 97, 98, 99

33	01	Describe Damage to Other Property	Person and/or Agency Advised	Y	M	D	Time	
34	01	No. Involved Persons - Injured Taken To/By	Independent Witnesses - Name DAVIS, SHANE					
35	01	Vehicle Taken To/By V1	Persons Charged - Section and Act & P.O.T. No.					
36	01	V2						
37	01	Name of Coroner	Telephone No.	If School Age Child Involved, Indicate School Name				
38	01	Signature of Investigating Officer MJA	Report completed on 09 10 30	Signature of Supervisor	Badge No.	Y	M	D
39	01	Veh. No.	Ped. No.					
40	01	1						
41	01	2						
42	01	3						
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59	01	20						
60	01	21						
61	01	22						
62	02	23						
63	03	24						
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68	01	29						
69	01	30						
70	01	31						
71	01	32						
72	01	33						
73	01	34						
74	01	35						
75	01	36						
76	01	37						
77	01	38						
78	01	39						



Motor Vehicle Accident Report

SP09264391
Accident Number **15-09-00969** Page **1 of 1**
Accident Date **09/11/13** Day of the Week **FRI** Time **21:45**

1 01
2 02
3 01

03 42
03 43
03 44

Time Officer Arrived or Police Force Reported to: **21:55 HRS** Emergency Equipment in Attendance _____ Service Performed _____ Dangerous Goods Involvement _____ Prod. Ident. No. (PLM) _____

Name of Investigating Officer: **JACK, MICHAEL** Badge No. **12690** Div./Stat./Det. **PETERBOROUGH** Plat./Seal **D**

Name of Submitting Police Force: **O.P.P.** MTO Use Only _____ Highway _____ Distance Unit _____ Dir. _____

4 01

07 45

Location R1 Trafficway **SAND ROAD** Distance **500 m** Check as applicable M. Km. N. S. E. W. District _____ Keypoint/Geocode _____ Offset _____ Ramp No. _____

R2 Reference Point **#850** Municipality **ASHPHDEL-NORWOOD TWP** County, District, Reg. Municipality **PETERBOROUGH**

6 07
7 10

01 46
01 47

Driver 1 Driver (Last Name First) **WRIGHT, CHRISTOPHER A** Code _____

Address **850 SAND RD** Telephone No. **75-639-5948**

NORWOOD R3 ON Postal Code **K0L 2V0**

Driver's Licence No. **W7414-12417-51111** Prov. **ON** Class **A** Cond. **Z**

Sex _____ D.O.B. (Y/M/D) **M 75 11 11** Proper Licence to Drive Class of Vehicle Y N Suspended Driver Y N Breathalyzer, Blood Test, Admin. Y N

8 01

09 48

Vehicle 1 Make **HONDA** Year **08** Model **AXL** Colour **GREY** Body Style **2D**

Air Y N Plate No. **GOJA 78** Prov. **ON** Number of Occupants in Vehicle **1**

Owner (Last Name First) _____
 As above

Address **3650 VICTORIA PARK AVE** Telephone No. _____

Postal Code **M2H 3P7**

Insurance Company and Policy No. **ING INSURANCE COMPANY**
 None **742561740**

CVOR No. _____ Lic. Class Required Loaded Unloaded **65** Approx. Speed Km/hr. _____

9 02
10 01

01 49
01 50

Trailer 1 Make _____ Year _____ Model _____ Colour _____ Body Style _____

Air Y N Plate No. _____ Prov. _____ Number of Occupants in Vehicle _____

Owner (Last Name First) _____
 As vehicle above

Address _____ Telephone No. _____

Postal Code _____

Insurance Company and Policy No. _____
 As Vehicle Above

11 03

01 51
01 52

Trailer 2 (crossed out)

13 01
14 01

01 53
01 54

Trailer 3 (crossed out)

15 01

01 55
01 56

Trailer 4 (crossed out)

17 01
18 01

01 57
01 58

Trailer 5 (crossed out)

19 02
20 01

03 60
01 61

Trailer 6 (crossed out)

Investigating Officer's Description of Accident & Diagram

VI E/B ON R1 TRAVELLING AT THE REPORTED SPEED. DEER RUN IN FRONT OF VI, RUN INTO AND STRUCK VI INTO RIGHT FRONT CORNER.

Lanes/Speed

	Number of Lanes	Posted Speed Max.	Advisory
R1	2	60	
R2			

Descriptions of Code(s) 97, 98, 99

21 01
22 01
23 01
24 01

01 62
01 63
01 64
01 65

25 01
26 01
27 01
28 01
29 01
30 01

66
67
68

Describe Damage to Other Property _____ Person and/or Agency Advised _____ Y _____ M _____ D _____ Time _____

31 01
32 01

No. Involved Persons - Injured Taken To/By _____ Independent Witnesses - Name _____

33 01
34 01
35 01
36 01
37 01
38 01

Vehicle Taken To/By V1 _____ V2 _____ Persons Charged - Section and Act & P.O.T. No. _____

39 01
40 01

Name of Coroner _____ Telephone No. _____ If School Age Child Involved, Indicate School Name _____

Signature of Investigating Officer **M. Jack** Report completed on **09/11/13** Signature of Supervisor _____ Badge No. _____ Y _____ M _____ D _____

Involved Persons	Veh. No.	Ped. No.	72	73	74	75	76	77	78
1									
2									
3									
4									

Motor Vehicle Accident Report

SPO9265894

Accident Number **11-09-00982** Page **1** of **1**
 Accident Date **09/11/15** Day of the Week **SUN** Time **19:00**

Report Type Original Amended Failed To Remain

Time Officer Arrived or Police Force Reported to: **19:05 HRS** Emergency Equipment in Attendance _____ Service Performed _____
 Name of Investigating Officer: **JACK, Michael** Badge No. **12690** Div./District **I100** Plate **D**
 Name of Submitting Police Force: **O.P.P.** MTO Use Only Highway Distance Unit **Dir.**

Location R1 Trafficway **OTTAWA ST. 20m** Distance _____ Check as applicable M. Km. N. S. E. W. M District **01014210005** Keypoint/Geocode _____ Offset _____ Ramp No. _____
 R2 Reference Point **OAK ST.** Municipal **MAVELOCK-BELMONT-METUENBUR** County, District, Prog. Municipality **PETERBOROUGH**

Driver (Last Name First) **CICCARELLI, EMILY ANNE** Code _____
 Address **173 PINECREST RD.** Telephone No. **613-223-9753**
PEFFERLAW ON Postal Code **LOE 1N0**
 Driver's Licence No. **C4062-22418-95629** Prov. **ON** Class **G2** Cond. **X**
 Sex **F** D.O.B. (Y/M/D) **89/06/29** Proper Licence to Drive Class of Vehicle Y N Suspended Driver Y N Breathalyzer, Blood Test, Admin. Y N

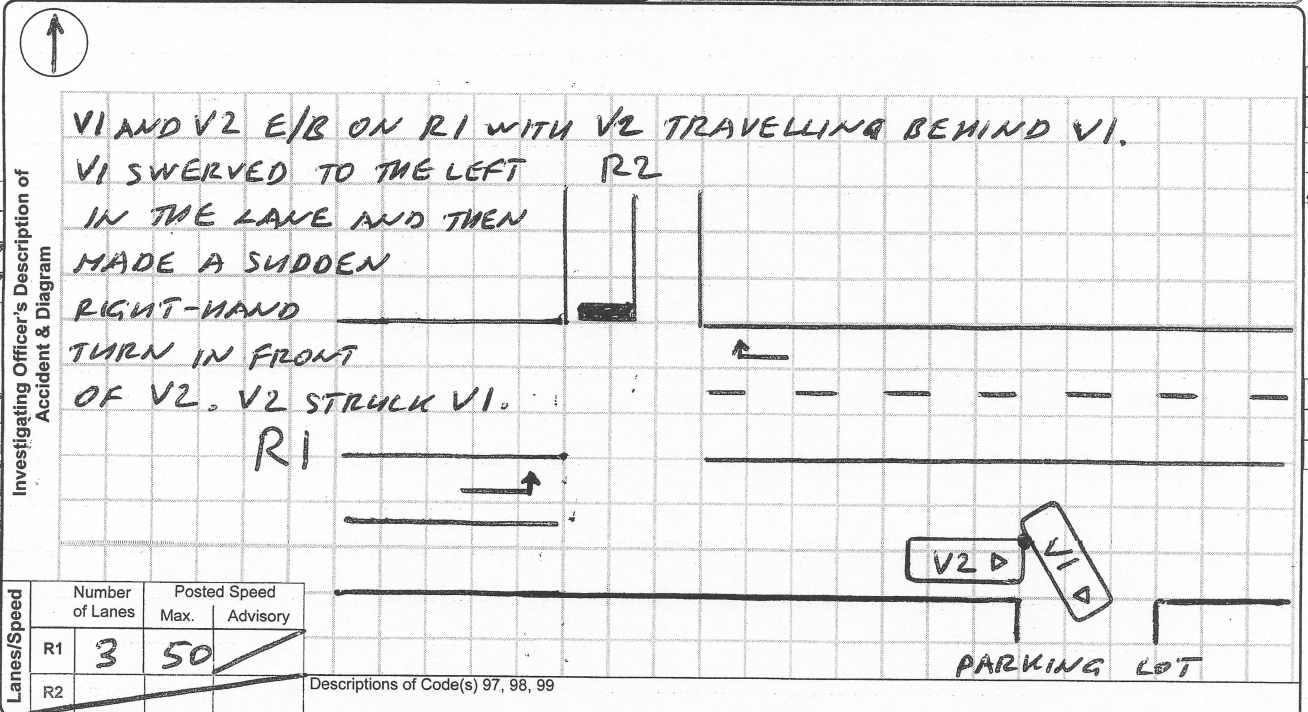
Driver (Last Name First) **TAYLOR, MARY THERESA** Code _____
 Address **40 ST. PETER ST. SOUTH** Telephone No. **613-473-4470**
BX93 MADOC ON Postal Code **MOK 2K0**
 Driver's Licence No. **T0964-52783-35510** Prov. **ON** Class **G** Cond. **X**
 Sex **F** D.O.B. (Y/M/D) **33/05/10** Proper Licence to Drive Class of Vehicle Y N Suspended Driver Y N Breathalyzer, Blood Test, Admin. Y N

Indirectly Involved Vehicle
 Make **MERCURY** Year **02** Model **MGL** Colour **GREY** Body Style **4D**
 Air Brake Plate No. **AWPF075** Prov. **ON** Number of Occupants in Vehicle **3**
 Owner (Last Name First) **SIMMONS, RICHARD C**
 As above Address **173 PINECREST RD.** Telephone No. **705-437-1538**
PEFFERLAW RI ON Postal Code **LOE 1N0**
 Insurance Company and Policy No. **STATE FARM MUTUAL**
 None **286 1312-D13-60D**

Indirectly Involved Vehicle
 Make **DODGE** Year **03** Model **CARAVAN** Colour **SILVER** Body Style **VAN**
 Air Brake Plate No. **APXA034** Prov. **ON** Number of Occupants in Vehicle **2**
 Owner (Last Name First) _____
 As above Address _____ Telephone No. _____
 Address _____ Postal Code _____
 Insurance Company and Policy No. **ING INSURANCE COMPANY**
 None **7 M7405954**

Trailer
 CVOR No. _____ Lic. Class Required **G** Loaded Unloaded Approx. Speed **30** Km/hr.
 Make _____ Plate No. _____ Prov. _____
 Owner (Last Name First) _____
 As vehicle above Address _____ Telephone No. _____
 Address _____ Postal Code _____
 Insurance Company and Policy No. _____
 As Vehicle Above

Trailer
 CVOR No. _____ Lic. Class Required _____ Loaded Unloaded Approx. Speed **40** Km/hr.
 Make _____ Plate No. _____ Prov. _____
 Owner (Last Name First) _____
 As vehicle above Address _____ Telephone No. _____
 Address _____ Postal Code _____
 Insurance Company and Policy No. _____
 As Vehicle Above



Describe Damage to Other Property _____ Person and/or Agency Advised _____ Y M D Time _____

No. Involved Persons - Injured Taken To/By _____ Independent Witnesses - Name **TAYLOR, ROBERT**
CICCARELLI, ALLISON
SIMMONS, ERIN
 Vehicle Taken To/By **V1 LEFT IN THE PARKING LOT AT SCENE** Persons Charged - Section and Act & P.O.T. No. **D1-SEC.142(1) HTA # 2473128A**
O.J. STEWART MOTORS / #7 AUTO PLAZA

Name of Coroner _____ Telephone No. _____ If School Age Child Involved, Indicate School Name _____
 Signature of Investigating Officer _____ Report completed on **09/11/16** Signature of Supervisor _____ Badge No. _____ Y M D _____

Involved Persons	Veh. No.	Ped. No.	69	70	71	72	73	74	75	76	77	78
1												
2												
3												
4												



Motor Vehicle Accident Report

SPO9266114

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03 43
03 44
07 45
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54 50
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12 63
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01 68

Report Type Original Amended Failed To Remain

Accident Number 15-09-00980 Page 1 of 1
Accident Date 09/11/16 MON 02:00

Time Officer Arrived or Police Force Reported to: 03:07 HRS
Name of Investigating Officer: JACK, Michael L
Name of Submitting Police Force: O.P.P.

Location R1: LAKEHURST RD. 0.5
R2: ELIM LODGE RD.
Municipality: GALWAY
County: PETERBOROUGH

Driver 1: MCWHIRTER, ANDREW R
Address: 829 ADAM X EVE RD
Telephone No.: 705-657-3099
Postal Code: K0L 1T0
Driver's Licence No.: M1778-04278-01113
Prov.: ON Class: G

Driver 2: (Blank)

Vehicle 1: Make FORD Year 96 Model RNG Colour GREEN Body Style PIC
Air Brake AN 5102WH ON
Number of Occupants in Vehicle: 1

Vehicle 2: (Blank)

Owner (Last Name First): (Blank)
Address: (Blank)
Postal Code: (Blank)

Owner (Last Name First): (Blank)
Address: (Blank)
Postal Code: (Blank)

Insurance Company and Policy No.: ECONOMICAL MUTUAL INS.
9417232

Insurance Company and Policy No.: (Blank)

CVOR No.: (Blank) Lic. Class Required: (Blank) Loaded: (Blank) Unloaded: (Blank) Approx. Speed: 60 Km/hr.

CVOR No.: (Blank) Lic. Class Required: (Blank) Loaded: (Blank) Unloaded: (Blank) Approx. Speed: (Blank) Km/hr.

Owner (Last Name First): (Blank)
Address: (Blank)
Postal Code: (Blank)

Owner (Last Name First): (Blank)
Address: (Blank)
Postal Code: (Blank)

Trailer: (Blank)

Trailer: (Blank)

Investigating Officer's Description of Accident & Diagram
VI E/R ON R1 WHEN A DEER RAN OUT IN FRONT OF VI.
VI SWERVED TO AVOID HITTING THE DEER, ENTERED W/R SHOULDER, HIT A ROAD SIGN, ENTERED DITCH.

Table with 2 columns: Lanes/Speed, Posted Speed. Values: R1 2 80 70, R2

Describe Damage to Other Property: (Blank) Person and/or Agency Advised: (Blank)

No. Involved Persons - Injured Taken To/By: (Blank) Independent Witnesses - Name: (Blank)

Vehicle Taken To/By: V1 BUCKHORN GARAGE / MIKE'S TOWING

Name of Coroner: (Blank) Telephone No.: (Blank) If School Age Child Involved, Indicate School Name: (Blank)

Signature of Investigating Officer: (Blank) Report completed on 09/11/16 Signature of Supervisor: (Blank) Badge No.: (Blank)

Table for Involved Persons with columns for Vehicle No., Ped. No., and other details.



Motor Vehicle Accident Report

SPO9272405

Accident Number 17-09-01004	Page 1 of 1
Accident Date 09/11/23	Day of the Week THU
Time 09:25	

Report Type	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Amended	<input type="checkbox"/> Failed To Remain
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Time Officer Arrived or Police Force Reported to: 09:32 HRS	Emergency Equipment in Attendance SMITH FIRE DEP.	Service Performed TRAFFIC CONTROL	Prod. Ident. No. (P.I.N.) D
Name of Investigating Officer JACK, Michael	Badge No. 12690	Div./Stat./Det. 1500	Plate No. D
Name of Submitting Police Force O.P.P.	MTO Use Only	Highway	Distance Unit Dir.

Location R1 Trafficway COUNTY ROAD 20 100	Distance M. Km. <input checked="" type="checkbox"/> M. <input type="checkbox"/> Km.	Check as applicable <input checked="" type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	M District	Keypoint/Geocode	Offset	Ramp No.
Location R2 Reference Point SMITH 11TH LINE	Municipality SMITH-ENNISMORE-LAKEFIELD	County, District, Reg. Municipality PETERBOROUGH				

Driver (Last Name First) LAPORTE, JOHN D	Code
Address 698 BETHUNE STREET	Telephone No. 705-743-0098
Postal Code PETERBOROUGH ON K9H 4A4	
Driver's Licence No. L0521-40724-91027	Prov. ON
Class A Z	Cond

Driver (Last Name First)	Code
Address	Telephone No.
Postal Code	
Driver's Licence No.	Prov.
Class	Cond.

Make INTL	Year 89	Model PYS	Colour GREEN	Body Style TANK
Air Brake <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Plate No. 89 9415XJ	Prov. ON	Number of Occupants in Vehicle 1	
Owner (Last Name First) BROCKWELL, BRUCE				
Address 1341 JOHNSTON DR				
Telephone No. 705-745-0212				
Postal Code PETERBOROUGH RRS ON K9J 6X6				
Insurance Company and Policy No. PILOT INSURANCE COMPANY				
CVOR No. 087517895				
Lic. Class Required	<input checked="" type="checkbox"/> Loaded <input type="checkbox"/> Unloaded	Approx. Speed 70 Km/hr.		

Make	Year	Model	Colour	Body Style
Air Brake <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Plate No.	Prov.	Number of Occupants in Vehicle	
Owner (Last Name First)				
Address				
Telephone No.				
Postal Code				
Insurance Company and Policy No.				
<input type="checkbox"/> None				
CVOR No.				
Lic. Class Required	<input type="checkbox"/> Loaded <input type="checkbox"/> Unloaded	Approx. Speed Km/hr.		

Trailer	Make	Plate No.	Prov.
Owner (Last Name First)			
<input type="checkbox"/> As vehicle above			
Address			
Telephone No.			
Postal Code			
Insurance Company and Policy No.			
<input type="checkbox"/> As Vehicle Above			

Trailer	Make	Plate No.	Prov.
Owner (Last Name First)			
<input type="checkbox"/> As vehicle above			
Address			
Telephone No.			
Postal Code			
Insurance Company and Policy No.			
<input type="checkbox"/> As Vehicle Above			

Investigating Officer's Description of Accident & Diagram

VIEW ON R1 TRAVELLING AT THE REPORTED SPEED WHEN FRONT RIGHT TIRE EXPLODED AND VI RAN OFF THE ROAD. VI ENTERED THE DITCH, SPILLED DIESEL FUEL (~18GL) INTO THE DITCH.

Lanes/Speed	Number of Lanes	Posted Speed Max.	Advisory
R1	2	80	
R2			

Descriptions of Code(s) 97, 98, 99
FRONT RIGHT TIRE EXPLODED

Describe Damage to Other Property FROM DIESEL LEAK	Person and/or Agency Advised MOE, WHEELER MAT	Y M D Time 09/11/23 11:00
---	--	------------------------------

No. Involved Persons - Injured Taken To/By	Independent Witnesses - Name WELLMAN, MICHAEL
--	--

Vehicle Taken To/By V2 BROCKWELL'S YARD/JORGENSEN TOW	Persons Charged - Section and Act & P.O.T. No.
--	--

Name of Coroner	Telephone No.	If School Age Child Involved, Indicate School Name
Signature of Investigating Officer	Report completed on 09/11/23	Signature of Supervisor
	Badge No.	Y M D

Involved Persons	Veh. No.	Ped. No.
1		
2		
3		
4		

Press firmly you are making 5 copies

All boxes must be completed by officers submitting Report. Specify all codes 97, 98, 99 on this Report

Motor Vehicle Accident Report

SPO9275524

1 01

Report Type Original Amended Failed To Remain

Accident Number 15-09-01019 Page 1 of 1
Accident Date 09/11/28 SAT Day of the Week Time 07:00

03 42

2 02
3 01

Time Officer Arrived or Police Force Reported to: 07:15 HRS
Name of Investigating Officer: JACK, Michael
Name of Submitting Police Force: O.P.P.
Emergency Equipment in Attendance: _____ Service Performed: _____
Prod. Ident. No. (P.I.N.): _____ Dangerous Goods Involvement:

02 43

04 44

4 01

Location
R1 Trafficway HIGHWAY 28 300 Distance 300 Check as applicable M. Km. N. S. E. W.
R2 Reference Point CENTER ROAD Municipality DOURO-DUMMER TWP. County, District, Reg. Municipality PETERBOROUGH

07 45

6 07

1 Driver (Last Name First) WOODCOX, NORMA Code _____
Address 209 BUTLER RD. Telephone No. 705-654-4958
Postal Code WOODVIEW ON K0L 3E0
Driver's Licence No. W6466-59755-45126 Prov. ON Class G Cond. _____
Sex F D.O.B. (Y/M/D) 540126 Proper Licence to Drive Class of Vehicle Y N
Suspended Driver Y N
Breathalyzer, Blood Test, Admin. Y N

2 Driver (Last Name First) _____ Code _____
Address _____ Telephone No. _____
Postal Code _____
Driver's Licence No. _____ Prov. _____ Class _____ Cond. _____
Sex _____ D.O.B. (Y/M/D) _____ Proper Licence to Drive Class of Vehicle Y N
Suspended Driver Y N
Breathalyzer, Blood Test, Admin. Y N

01 46

47

7 10

Make PONT Year 04 Model VIBE Colour GREY Body Style 4D
Air Brake Y N Plate No. AELR768 Prov. ON Number of Occupants in Vehicle 1

Make _____ Year _____ Model _____ Colour _____ Body Style _____
Air Brake Y N Plate No. _____ Prov. _____ Number of Occupants in Vehicle _____

09 48

9 02

Owner (Last Name First) _____
Address _____ Telephone No. _____
Postal Code _____

Owner (Last Name First) _____
Address _____ Telephone No. _____
Postal Code _____

01 49

50

11 01

Insurance Company and Policy No. PILOT INSURANCE COMPANY
A 61083 730 PLA

Insurance Company and Policy No. _____
None

01 51

52

13 01

CVOR No. _____ Lic. Class Required Loaded Unloaded 80 Km/hr.
Make _____ Plate No. _____ Prov. _____

CVOR No. _____ Lic. Class Required Loaded Unloaded _____ Km/hr.
Make _____ Plate No. _____ Prov. _____

01 53

54

15 01

Owner (Last Name First) _____
Address _____ Telephone No. _____
Postal Code _____

Owner (Last Name First) _____
Address _____ Telephone No. _____
Postal Code _____

01 55

56

17 02

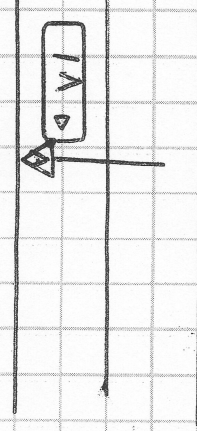
Insurance Company and Policy No. _____
As Vehicle Above

Insurance Company and Policy No. _____
As Vehicle Above

01 57

58

19 01

Investigating Officer's Description of Accident & Diagram
VI S/B ON R1 TRAVELLING @ REPORTED SPEED. DEER RUN ACROSS R1 IN FRONT OF VI. VI STRUCK DEER


01 62

63

64

65

1 01

2 01

3 01

4 01

5 01

6 01

7 01

8 01

9 01

10 01

11 01

12 01

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14 01

15 01

16 01

17 01

18 01

19 01

20 01

Describe Damage to Other Property: _____ Person and/or Agency Advised: _____ Y _____ M _____ D _____ Time _____

No. Involved Persons - Injured Taken To/By: _____ Independent Witnesses - Name: _____

Error Entry

Vehicle Taken To/By: V1 _____ V2 _____ Persons Charged - Section and Act & P.O.T. No. _____

Name of Coroner: _____ Telephone No. _____ If School Age Child Involved, Indicate School Name: _____

Signature of Investigating Officer: _____ Report completed on 09/11/28 Signature of Supervisor: _____ Badge No. _____ Y _____ M _____ D _____

Involved Persons	Veh. No.	Ped. No.
1		
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Motor Vehicle Accident Report

SP04284534

Report Type Original Amended Failed To Remain

Accident Number 11-09-01087 Page 1 of 1
Accident Date 09/12/08 Time 17:36

Time Officer Arrived or Police Force Reported to: 17:45 HRS
Name of Investigating Officer: JACK, MICHAEL
Badge No.: 12690
Div./Stat./Det.: 1100
Plate No.: D

Name of Submitting Police Force: O.P.P.
MTO Use: Only
Highway: Distance: Unit: Dir.:

Location
R1 Trafficway: COUNTY ROAD 4 700 M. Km. N. S. E. W.
R2 Reference Point: OAK ROAD
Municipality: DUNRO-DUMMER TWP. County: PETERBOROUGH

Driver 1
Driver (Last Name First): RUTHERFORD, WILLIAM
Address: 3 CARLOW LINE RR2
Telephone No.: 705-761-3454
Postal Code: K0L 2B0
Driver's Licence No.: R9480-78506-11007 ON G
Sex: M D.O.B. (Y/M/D): 6/11/07
Proper Licence to Drive Class of Vehicle: Y N
Suspended Driver: Y N
Breathalyzer, Blood Test, Admin.: Y N
Make: GMC Year: 08 Model: SIE Colour: BLACK Body Style: PIC
Air Brake: Y N Plate No.: 1694 DV Prov.: ON Number of Occupants in Vehicle: 1
Owner (Last Name First): As above
Address: _____ Telephone No.: _____
Postal Code: _____
Insurance Company and Policy No.: LOMBARD INSURANCE COM. 3339306
CVOR No.: _____ Lic. Class Required: A B C
Loaded: Loaded Unloaded Approx. Speed: 80 Km/hr.
Make: _____ Plate No.: _____ Prov.: _____
Owner (Last Name First): As vehicle above
Address: _____ Telephone No.: _____
Postal Code: _____
Insurance Company and Policy No.: As Vehicle Above

Driver 2
Driver (Last Name First): _____
Address: _____ Telephone No.: _____
Postal Code: _____
Driver's Licence No.: _____ Prov.: _____ Class Cond.: _____
Sex: _____ D.O.B. (Y/M/D): _____
Proper Licence to Drive Class of Vehicle: Y N
Suspended Driver: Y N
Breathalyzer, Blood Test, Admin.: Y N
Make: _____ Year: _____ Model: _____ Colour: _____ Body Style: _____
Air Brake: Y N Plate No.: _____ Prov.: _____ Number of Occupants in Vehicle: _____
Owner (Last Name First): As above
Address: _____ Telephone No.: _____
Postal Code: _____
Insurance Company and Policy No.: _____
CVOR No.: _____ Lic. Class Required: A B C
Loaded: Loaded Unloaded Approx. Speed: _____ Km/hr.
Make: _____ Plate No.: _____ Prov.: _____
Owner (Last Name First): As vehicle above
Address: _____ Telephone No.: _____
Postal Code: _____
Insurance Company and Policy No.: As Vehicle Above

Investigating Officer's Description of Accident & Diagram
VI SIB ON R1 TRAVELLING @ REPORTED SPEED WHEN A DEER RUN INTO THE FRONT OF VI. VI STRUCK DEER.
R1
VI
Lanes/Speed
R1 Number of Lanes: 2 Posted Speed: 80
R2 _____
Describe Damage to Other Property: _____ Person and/or Agency Advised: _____ Y M D Time: _____
No. Involved Persons - Injured Taken To/By: _____ Independent Witnesses - Name: _____
Vehicle Taken To/By: V1 _____ Persons Charged - Section and Act & P.O.T. No.: _____
V2 _____
Name of Coroner: _____ Telephone No.: _____ If School Age Child Involved, Indicate School Name: _____
Signature of Investigating Officer: _____ Report completed on: 09/12/08 Y M D Signature of Supervisor: _____ Badge No.: _____ Y M D

Involved Persons	Ven. No.	Ped. No.
1		
2		
3		
4		
5	70	71
6	72	73
7	74	75
8	76	77
9	78	

Press firmly you are making 5 copies All boxes must be completed by officers submitting Report. Specify all codes 97. 98. 99 on this Report