

TRAFFIC ACCIDENT Report

(R - 2003)

Manitoba Transportation and Government Services Driver and Vehicle Licensing



FORM NO. 05-00568 DATE OF ACCIDENT 05/02/05 PAGE 1 of 2

All boxes must be completed by Officer completing report.

Main form body containing sections for scene details, vehicle information, driver details, insurance, and accident configuration.

Vertical labels on the right side of the form: 30-V1, 31-V2, 32-V1, 33-V2, 34-V1, 35-V1, 36-V1, 37-V2, 38-V2, 39-V2, 40-V1, 41-V1, 42-V2, 43-V2, 44-V1, 45-V2, 46-V1, 47-V2, 48-V1, 49-V2, 50-V1, 51-V2, 70



Statement of Driver of Vehicle One/Déclaration du conducteur du premier véhicule - Kathy Beattie, 4
 reports that at 7:10 AM on Friday Feb 25th.
 I was driving my car # B46898 a Hyundai Accent south on
 Hwy 59. As I approached the perimeter the light changed to yellow.
 I then stopped at the red light. I sat there through the whole red light.
 The light turned to green and I was getting ready to go and
 then I heard a bang and then my car was hit from
 behind, and I cranked my steering wheel to avoid the light
 standstill. I got out of the car to try to stop traffic.

Date KB.

Signature of Person Reporting
Signature de la personne rédigeant le rapport

Car #

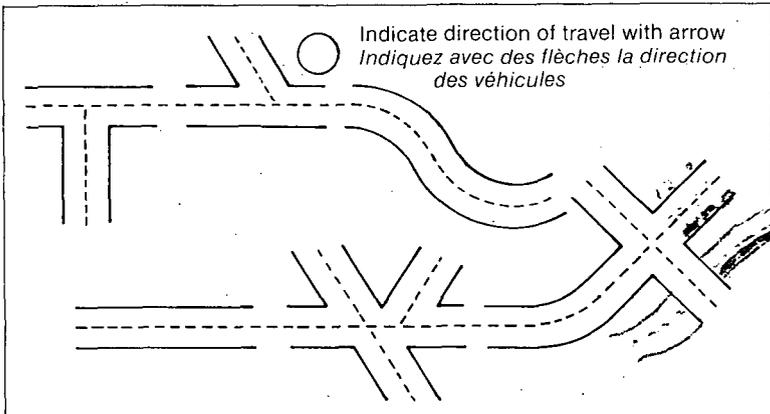
Statement of Driver of Vehicle Two OR Pedestrian/Déclaration du conducteur du second véhicule OU du piéton

I tried to find my cell phone. Then a man walked over to me
 from the truck that was parked in the ditch further ahead.
 I asked him who hit me and what happened. He just looked at me
 and never said anything and then walked back to his truck and
 stood next to it. I got a hold of my husband on my phone and then
 the ambulance came and took me to the hospital. I received a neck
 neck and a headache from the accident.

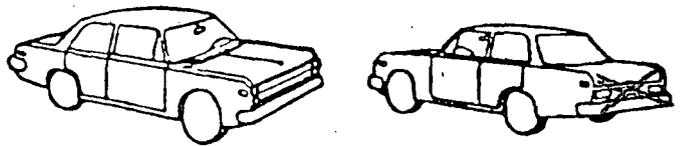
Date February 26/05

Signature of Person Reporting
Signature de la personne rédigeant le rapport

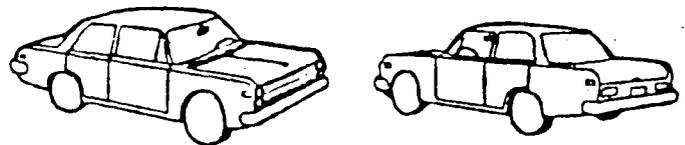
IMPORTANT — Select the sketch resembling the section of road where accident occurred, and indicate clearly the position of all objects, vehicles, pedestrians involved at the time of the accident. Label each object and give names of streets.
 IMPORTANT — Choisissez le croquis qui ressemble à l'endroit où s'est passé l'accident et indiquez clairement la position de tous les objets, véhicules et piétons qui étaient sur les lieux au moment de l'accident. Indiquez chaque objet ainsi que le nom des rues.



Damage to Vehicle One/Dégâts causés au premier véhicule



Damage to Vehicle Two/Dégâts causés au second véhicule



Police Comments/Commentaires du(des) policier(s) :

Vehicle # 3 South Bound on Hwy 59 at 101. Vehicle # 3 came
 into collision with the rear of vehicle # 2 which in turn was pushed
 into the rear of vehicle # 1. The driver and lone occupant of
 the vehicle # 2 suffered fatal injuries

V1 Charges laid or contemplated
by Officer at scene of
accident/Accusations portées
ou envisagées par le policier
sur les lieux de l'accident



See template
Voir fiche de codes

V2 Charges laid or contemplated
by Officer at scene of
accident/Accusations portées
ou envisagées par le policier
sur les lieux de l'accident



See template
Voir fiche de codes

Review Recommended (State reason in Police Comments)
Révision recommandée (Indiquez la raison dans la section des commentaires du(des) policier(s))

Unit Accepting Report
Sous-section chargée du rapport EAST ST PAUL POLICE V1

Signature of Officer
Signature du policier A. Lakeman

Investigating Unit
Sous-section chargée de l'enquête EAST ST PAUL POLICE

Signature of Officer
Signature du policier V2



All boxes must be completed by Officer completing report.

| | | | | | | | |
|----|--|---|---|---|--|---|--|
| 1 | SCENE ATTENDED BY POLICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | PARTICULARS EXCHANGED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | SEVERITY <input checked="" type="checkbox"/> FATAL <input checked="" type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROP. DAMAGE | <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDED REPORT | 01 NUMBER KILLED 02 NUMBER INJURED | 03 NUMBER OF VEHICLES & PEDESTRIANS INVOLVED COMMON OFFENCE NOTICE | |
| 2 | NAME OF POLICE FORCE EAST ST. PAUL POLICE | | POLICE CODE | R.C.M.P. DETACHMENT AREA | SUB. DIV. | DETACHMENT COLLATOR NO. | |
| 3 | ON HIGHWAY NUMBER / STREET 59 | | AT INTERSECTION WITH 101 | | | LOCATION CODE | |
| 4 | Km N S E W OF / IN | | HOUR OF ACCIDENT AM PM 7:00 X | | DAY OF WEEK MON TUE WED THURS FRI SAT SUN | | |
| 5 | VEHICLE NO. 1 VEHICLE # 3 | | | VEHICLE NO. 2 | | | |
| 6 | DRIVER'S SURNAME GIVEN NAME HARVEY MORDENZENK, DRIVER GRANT | | | DRIVER'S SURNAME GIVEN NAME | | | |
| 7 | ADDRESS | | | POSTAL CODE | | | |
| 8 | TELEPHONE HOME BUSINESS | | | TELEPHONE HOME BUSINESS | | | |
| 9 | PROV./STATE (SEE TEMPLATE) MB HARVEY C 26101 | | | PROV./STATE (SEE TEMPLATE) | | | |
| 10 | YEARS/MONTHS YRS. MOS. MALE FEMALE LICENCED DRIVER 15 X | | | YEARS/MONTHS YRS. MOS. MALE FEMALE LICENCED DRIVER | | | |
| 11 | LICENCE VALID YES NO CLASS OF LICENCE 4 LICENCE EXPIRY DATE 28.02.06 | | | LICENCE VALID YES NO CLASS OF LICENCE LICENCE EXPIRY DATE | | | |
| 12 | REGISTERED OWNER SURNAME GIVEN NAME A/A | | | REGISTERED OWNER SURNAME GIVEN NAME | | | |
| 13 | TELEPHONE HOME BUSINESS A/A | | | TELEPHONE HOME BUSINESS | | | |
| 14 | PROV./STATE (SEE TEMPLATE) MB VEHICLE PLATE NUMBER DAX 165 | | | PROV./STATE (SEE TEMPLATE) | | | |
| 15 | SERIAL NUMBER 1B7 6L23X75862425 | | | SERIAL NUMBER | | | |
| 16 | VEHICLE YEAR AND MAKE 95 DODGE DAKOTA PICK UP | | | VEHICLE YEAR AND MAKE VEHICLE MODEL / STYLE | | | |
| 17 | VEHICLE COLOUR (SEE TEMPLATE) 02 DAMAGE \$ OVER \$1,000 | | | VEHICLE COLOUR (SEE TEMPLATE) DAMAGE \$ | | | |
| 18 | NO. OF OCCUPANTS 01 | | | NO. OF OCCUPANTS | | | |
| 19 | INSURANCE CURRENT EXPIRED INSURANCE EXPIRY DATE 20.06.05 | | | INSURANCE CURRENT EXPIRED INSURANCE EXPIRY DATE | | | |
| 20 | FOR VEHICLES NOT REGISTERED IN MANITOBA NAME AND ADDRESS OF INSURANCE COMPANY | | | FOR VEHICLES NOT REGISTERED IN MANITOBA NAME AND ADDRESS OF INSURANCE COMPANY | | | |
| 21 | NATIONAL SAFETY CODE NO. | | | NATIONAL SAFETY CODE NO. | | | |
| 22 | ESTIMATED SPEED X Km. LEGAL SPEED AT SCENE OF ACCIDENT 080 Km. | | | ESTIMATED SPEED Km. LEGAL SPEED AT SCENE OF ACCIDENT Km. | | | |
| 23 | DIRECTION OF TRAVEL (V1) CONTROL SECTION NO. Km. TO NEAREST TENTH INTERSECTION I.D. | | | DIRECTION OF TRAVEL (V2) | | | |
| 24 | ACCIDENT CONFIGURATION | | | | | | |
| 25 | CONFIGURATION CODE 01 | | | | | | |
| 26 | VEHICLE NO. 1 DAY MO YR SUSPENSION NOTICE DATE | | | | | | |
| 27 | VEHICLE NO. 2 DAY MO YR SUSPENSION NOTICE DATE | | | | | | |
| 28 | VEHICLE NO. 1 ACCIDENT ASSESSMENT / VIOLATIONS | | | | | | |
| 29 | VEHICLE NO. 2 ACCIDENT ASSESSMENT / VIOLATIONS | | | | | | |

| | | | | | | |
|----|----|----|---|-------|---------------------------------|--|
| 01 | 12 | 15 | 1 | F 0.5 | BOOTTIE, CATY | |
| 02 | 14 | 14 | 1 | F 0.5 | TAMAN, MYSLIA A. | |
| 02 | 14 | 14 | 1 | F 0.5 | HARVEY MORDENZENK, DRIVER GRANT | |



Statement of Driver of Vehicle ~~One~~ ^{TWO} / Déclaration du conducteur du premier véhicule

Vehicle # 2 STOPPED AT TRAFFIC LIGHTS ON Hwy 59
AT 101 SOUTH BOUND. VEHICLE # 2 REAR ENDED
AND PUSHED INTO REAR OF VEHICLE # 1

March 30/05
Date

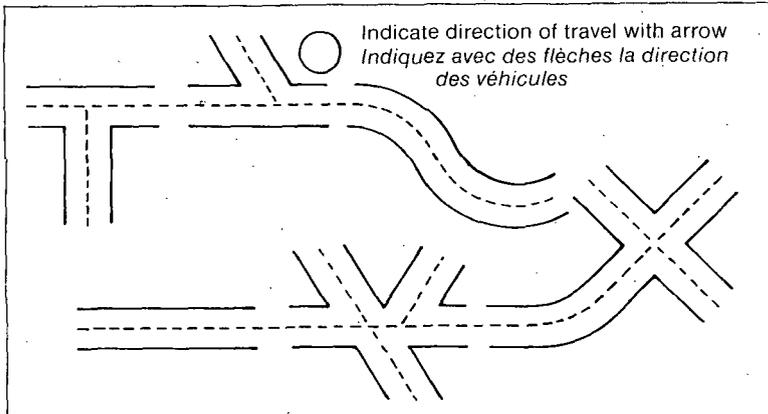
Sgt. N. CARTER
EAST ST PAUL POLICE
Signature of Person Reporting
Signature de la personne rédigeant le rapport

Statement of Driver of Vehicle Two OR Pedestrian / Déclaration du conducteur du second véhicule OU du piéton

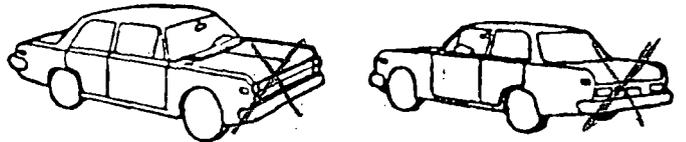
Date

Signature of Person Reporting
Signature de la personne rédigeant le rapport

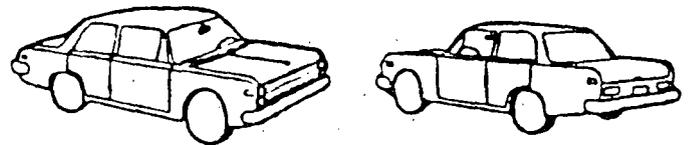
IMPORTANT — Select the sketch resembling the section of road where accident occurred, and indicate clearly the position of all objects, vehicles, pedestrians involved at the time of the accident. Label each object and give names of streets.
IMPORTANT — Choisissez le croquis qui ressemble à l'endroit où s'est passé l'accident et indiquez clairement la position de tous les objets, véhicules et piétons qui étaient sur les lieux au moment de l'accident. Indiquez chaque objet ainsi que le nom des rues.



Damage to Vehicle ~~One~~ ^{TWO} / Dégâts causés au premier véhicule



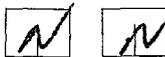
Damage to Vehicle ~~Two~~ / Dégâts causés au second véhicule



Police Comments / Commentaires du(des) policier(s) :

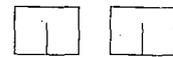
VEHICLE # 3 SOUTHBOUND ON HWY 59 AT 101. VEHICLE # 3 CAME INTO
COLLISION WITH REAR OF VEHICLE # 2 WHICH IN TURN WAS PUSHED
INTO THE REAR OF VEHICLE # 1. THE DRIVER AND LOVER OCCUPANT OF
VEHICLE # 2 SUFFERED FATAL INJURIES

VTWO
Charges laid or contemplated
by Officer at scene of
accident / Accusations portées
ou envisagées par le policier
sur les lieux de l'accident



See template
Voir fiche de codes

~~VT~~ Charges laid or contemplated
by Officer at scene of
accident / Accusations portées
ou envisagées par le policier
sur les lieux de l'accident



See template
Voir fiche de codes

Review Recommended (State reason in Police Comments)
Révision recommandée (Indiquez la raison dans la section des commentaires du(des) policier(s))

Unit Accepting Report
Sous-section chargée du rapport

EAST ST PAUL POLICE

Signature of Officer
Signature du policier

N. CARTER SGT.

Investigating Unit
Sous-section chargée de l'enquête

V2
Signature of Officer
Signature du policier



05-03-30

Statement of Driver of Vehicle ^{THREE} ~~One~~ / Déclaration du conducteur du premier véhicule

DAVE G HARVEY NORDEN 2FAK

On January 25, 2005 at approximately 7:00 AM, I became involved in a collision on Logan Road. I was wearing my seat belt at the time. My airbag deployed. As a result of the collision I sustained a bloody nose and a cut to the inside of my lip.

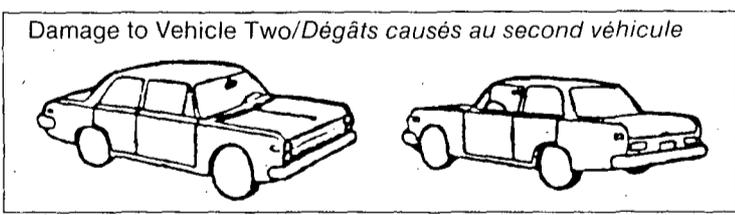
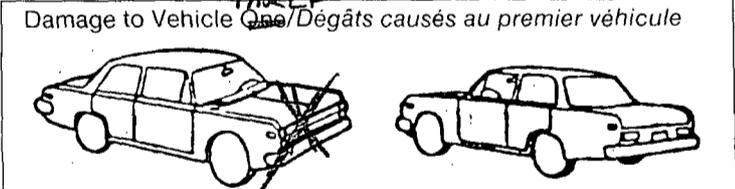
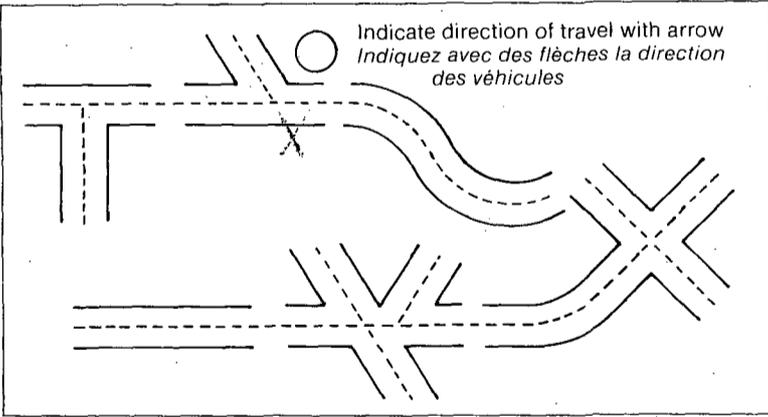
March 30, 2005
Date

[Signature]
Signature of Person Reporting
Signature de la personne rédigeant le rapport

Statement of Driver of Vehicle Two OR Pedestrian / Déclaration du conducteur du second véhicule OU du piéton

Date _____ Signature of Person Reporting _____
Signature de la personne rédigeant le rapport _____

IMPORTANT — Select the sketch resembling the section of road where accident occurred, and indicate clearly the position of all objects, vehicles, pedestrians involved at the time of the accident. Label each object and give names of streets.
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Police Comments / Commentaires du(des) policier(s) :

VEHICLE # 3 SOUTH BOUND ON HWY 59 AT 101. VEHICLE # 3 CAME INTO COLLISION WITH THE REAR OF VEHICLE # 2 WHICH IN TURN WAS PUSHED INTO THE REAR OF VEHICLE # 1. THE DRIVER + ONE OCCUPANT OF VEHICLE # 2 SUFFERED FATAL INJURIES.

Charges laid or contemplated by Officer at scene of accident / Accusations portées ou envisagées par le policier sur les lieux de l'accident 16 18 See template / Voir fiche de codes

Charges laid or contemplated by Officer at scene of accident / Accusations portées ou envisagées par le policier sur les lieux de l'accident See template / Voir fiche de codes

Review Recommended (State reason in Police Comments) / Révision recommandée (Indiquez la raison dans la section des commentaires du(des) policier(s))

Unit Accepting Report / Sous-section chargée du rapport EAST ST. PAUL POLICE V1 Signature of Officer / Signature du policier [Signature]

Investigating Unit / Sous-section chargée de l'enquête EAST ST. PAUL POLICE V2 Signature of Officer / Signature du policier _____