



WINNIPEG POLICE SERVICE

Motor Vehicle Collision Request

Mail this completed form, with the fee and proper identification (see [Information on Requests and Fees](#)), to:
Winnipeg Police Service, P.O. Box 1680, Winnipeg, Manitoba R3C 2Z7 Attention: Bureau of Police Records

Applicant Information:

Last Name: _____ Given Name(s): _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Home Phone Number: _____ Business Phone Number: _____

Motor Vehicle Collision Information:

Police Report Number: _____

Date and Time Collision was reported: _____

Location of Collision: _____

Vehicle #1-Registered Owner's Name and License Plate #: _____

Vehicle #2-Registered Owner's Name and/or License Plate # (if known): _____

Full Name of Pedestrian (if Applicable): _____

Address of Pedestrian (if known): _____

Full Name of Injured Passenger(s)(if Applicable): _____

Address of Injured Passenger(s) (if known): _____

Did the police attend the scene of collision: Yes No Unknown

If Yes, write in the date and time: _____

If No, which police station did you report the collision to (include date and time)? _____

Signature: _____

The personal information on this form will be collected and shared for the purposes outlined in Section 36-47 of the Freedom of Information and Protection of Privacy (FIPP) Act, and for other legal requirements, where they are consistent with the FIPP Act.