



Road Incident Report Form

Submit to: claims@york.ca

Enquiries: 877-464-9675 ext. 77846

Date of incident (mm/dd/yy)		Date reported (mm/dd/yy)	
Time of incident	am/pm		

Personal information

Last name		Home phone	
First name		Cell phone	
Street address		Business phone	
Town/City		Email address	
Postal code			

Incident information

Name of Regional Road	
Lane travelled in	
Direction of travel	
Nearest intersecting road	
Precise location description (Street address, landmark building, etc.)	
Damage to vehicle	
Year/make/model/kms on vehicle	

Condition Encountered (check all that apply and describe)

Pothole	<input type="checkbox"/>	
Debris on road	<input type="checkbox"/>	
Road line paint	<input type="checkbox"/>	
Construction	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Enclosures (check all that apply and describe)

Repair bill/estimate(s)	<input type="checkbox"/>	
Photos/video	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Once your completed Road Claim Form is received the Regional Municipality of York will open a claim file and conduct a fair and impartial investigation of liability on a without prejudice basis.

The collection of personal information in this form is authorized by section 11 of the *Municipal Act* and will be used for the purposes of processing your claim. Any questions relating to the collection of this personal information should be directed to the Freedom of Information Officer in the Regional Clerk's office.

Revised August 2019