Foremost® Auto Accident Checklist

Keep a pen and a copy of this Accident Checklist in your glove box. Policyholders call 1-800-274-7865 to file a claim.

If you're involved in an auto accident:

1. Stay as calm as possible.
2. Check for injuries. Safety is more important than vehicle damage. Call an ambulance if needed.
3. Turn on your hazard lights. Use cones, warning triangles or flares for safety.
4. Call the police, even for minor accidents.
5. Make immediate notes about the accident including the specific damages to all vehicles involved.
6. Be polite and state only the facts. Don’t tell the police or other drivers that the accident was another driver’s fault or was your fault. You likely don’t know all the facts. Let the police sort out all the facts to establish what happened.
7. If a camera is available, and if it is safe to do so, take photographs of the scene.
8. Notify your insurance agent about the accident immediately.
9. Please remember that getting the facts is important, but only police officers and insurance companies should investigate the accident.

If you know of insurance fraud, report it to our Auto Fraud hotline at 1-888-662-6616.

You can count on the value and expertise that comes with every Foremost policy, along with the peace of mind that comes from knowing that your policy is backed by expert claims service that will get you back on the road quickly and fairly in the event of loss.

**FILL OUT THIS REPORT AS COMPLETELY AS POSSIBLE:**

1. Police called? Yes____ No____
2. Other vehicle information:
   - Driver:
     - Name: ___________________________
     - Address: _________________________
     - Phone: __________________________
     - Driver’s License: ____________________
     - Relationship to registered owner: ____________________
   - Registration:
     - Name of registered owner: ___________________________
     - Address: ___________________________
     - License Plate: ___________________ Expiration Date: __________
   - Vehicle:
     - VIN: ___________________________
     - Make: ___________________________
     - Model: ___________________________
     - Year: ___________________ Color: ____________________
     - Insurance Company: _________________________
     - Policy Number: _______________________
     - Phone: __________________________ Expiration Date: __________

3. Accident Information
   - Police report taken? Yes_____ No____
   - Report Number: ___________________________
   - Officer Name: ___________________________
   - Badge Number: ___________________________
   - Time: __________________ AM / PM Date: __________

4. Other passengers:
   - A. Name:
     - Age: ________ Male _____ Female _____
     - Address: ___________________________
     - Phone: ___________________________
   - B. Name:
     - Age: ________ Male _____ Female _____
     - Address: ___________________________
     - Phone: ___________________________

5. Other property:
   - Other property: _______________________

6. Diagram of Accident Scene:
   - Using these symbols sketch a diagram showing positions of all vehicles, your position, stop lights, stop signs and pedestrians.
   - First Car  Stop light
   - Second Car  Pedestrian
   - Third Car  Witness

Record description of the accident on back.

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