



# Foremost® Auto Accident Checklist

Keep a pen and a copy of this Accident Checklist in your glove box. Policyholders call **1-800-527-3907** 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.



All products, coverages and discounts are not available in all areas. Insurance underwritten by a member of the Bristol West Insurance Group. "Foremost" and the "F" logo are registered trademarks of FCOA, LLC, 5600 Beech Tree Lane, Caledonia, MI 49316. Bristol West Insurance Group and Bristol West are registered trademarks of Bristol West Holdings, Inc., 5701 Stirling Road, Davie, FL 33314. The Foremost and Bristol West Companies are members of the Farmers Insurance Group, 4680 Wilshire Blvd. Los Angeles, CA 90010. 9000627 03/11

## 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: \_\_\_\_\_

**Other passengers:**  
 A. Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 B. Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**3. Accident Information**  
 Police report taken? Yes \_\_\_ No \_\_\_  
 Report Number: \_\_\_\_\_  
 Officer Name: \_\_\_\_\_  
 Badge Number: \_\_\_\_\_  
 Time: \_\_\_\_\_ AM / PM Date: \_\_\_\_\_

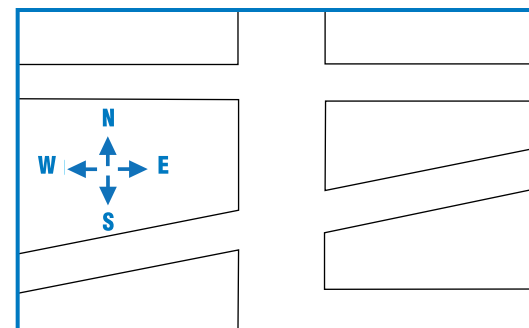
Location of collision: \_\_\_\_\_  
 Direction of travel: \_\_\_\_\_  
 Your vehicle: \_\_\_\_\_  
 Other vehicle: \_\_\_\_\_

**Injuries:**  
 Your own: \_\_\_\_\_  
 Your passengers: \_\_\_\_\_  
 Other driver: \_\_\_\_\_  
 Their passengers: \_\_\_\_\_  
 Pedestrians: \_\_\_\_\_

**Area of Damage:**  
 Your vehicle: \_\_\_\_\_  
 Other vehicle: \_\_\_\_\_  
 Other property: \_\_\_\_\_

**Diagram of Accident Scene:**  
 Using these symbols sketch a diagram showing positions of all vehicles, your position, stop lights, stop signs and pedestrians.

- 1 First Car
- 2 Second Car
- 3 Third Car
- Your position
- Pedestrian
- Stop sign
- Stop light
- Witness



North/South Street: \_\_\_\_\_  
 \_\_\_\_\_  
 East/West Street: \_\_\_\_\_  
 \_\_\_\_\_

**Record description of the accident on back.**