



Nepa Insurance Accident Checklist

Keep a pen and a copy of this Accident Checklist in your glove box.

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.

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: _____

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: _____

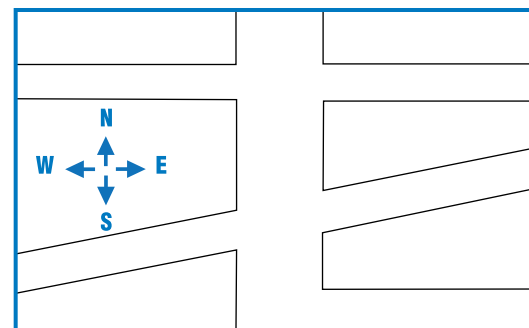
Other vehicle: _____

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.