



Foremost DistinctChoice[®] 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:

- Stay as calm as possible.
- Check for injuries. Safety is more important than vehicle damage. Call an ambulance if needed.
- Turn on your hazard lights. Use cones, warning triangles or flares for safety.
- Call the police, even for minor accidents.
- Make immediate notes about the accident including the specific damages to all vehicles involved.
- 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.
- If a camera is available, and if it is safe to do so, take photographs of the scene.
- Notify your insurance agent about the accident immediately.
- 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:

- Police called? Yes ___ No ___
- 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: _____

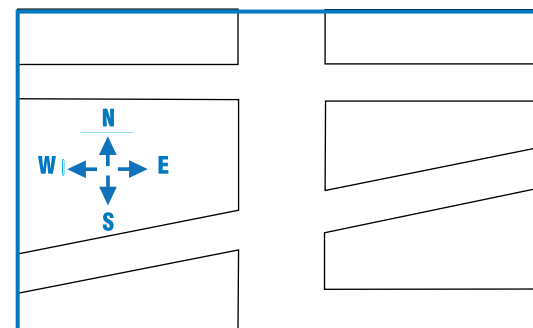
Injuries:
 Your own: _____
 Your passengers: _____
 Other driver: _____
 Their passengers: _____
 Pedestrians: _____

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.