

— Accident Information

Time: _____ Date: _____

Location (address and/or landmarks):

Conditions (weather, traffic, road, etc.):

Describe the accident (include direction of travel, speed, etc.):

Describe any injuries to you, to passengers, or bystanders:

Describe damage to your vehicle (add photos if possible):



Photo Checklist

Checklist of photos to take when documenting an accident.

- ☐ Damage to your vehicle
- ☐ Damage to other vehicles involved
- ☐ License plate(s) of vehicles involved
- ☐ Landmarks, street signs, or address markers to identify the location
- ☐ Damage to any property or objects at the

Be Safe. DO NOT take photos at the scene if doing so will put you or others at risk of injury or further damage!

— Protect Your ID

DO NOT allow your driver's license to be photographed. Provide your name and correct **VEHICLE INSURANCE INFORMATION** to others involved in an accident. Get contact and driver's license information if ownership/insurance documentation is **not**



— Auto Accident Checklist

- **Be Calm**
Call an ambulance, if needed. ALWAYS call the police. File an incident report.
- **Be Safe**
Traffic, fire, injury, debris, and weather all pose continuing risks.
- **Be Smart**
Be courteous, but do not admit fault. ALWAYS protect your identity.
- **Be Informed**
Use this guide to collect information to file an accident report with your insurance.

YOUR VEHICLE INSURANCE INFO

Name: _____

Vehicle Make: _____ Model: _____

Year: _____ Color: _____

VIN #: _____

Insurance Company: _____

Agent: _____ Phone: _____

— Vehicle Information

Vehicles may be borrowed, rented, etc. Be sure the insurance information (VIN, make, model, etc.) matches each vehicle in question.

Other Driver/Vehicle Info

#1

Name: _____

Vehicle Make: _____ Model: _____

Year: _____ Color: _____ Lic. Plate: _____

VIN: _____

Insurance Company: _____

Agent: _____ Phone: _____

Policy #: _____ Exp. Date: _____

**Obtain if ownership/insurance documentation
not provided:**

Address: _____

#2

Name: _____

Vehicle Make: _____ Model: _____

Year: _____ Color: _____ Lic. Plate: _____

VIN: _____

Insurance Company: _____

Agent: _____ Phone: _____

Policy #: _____ Exp. Date: _____

**Obtain if ownership/insurance documentation
not provided:**

Address: _____

— Damage Information

Include address (location) and description of damage to objects or property:

— Passenger/Witness Information

#1

Name: _____

Passenger or Witness: _____

Address: _____

Phone: _____

#2

Name: _____

Passenger or Witness: _____

Address: _____

Phone: _____

Notes: _____

— Police Information

Was a police report filed: _____

Officer's Name: _____

Jurisdiction (City, County, etc.): _____

Badge #: _____

Report #: _____

Time/Date: _____

Note: If no police report is filed, be sure to file an

— Fire Dept. Information

Was a fire report filed: _____

Firefighter's Name: _____

Jurisdiction (City, County, etc.): _____

Badge #: _____

Station #: _____

Report #: _____

Time/Date: _____

— Notes/Drawings

Add any additional notes or drawings here.

— Contacts

Call your Claims Contact

NonProfits' United

Call VIP Claims: 855-937-1447, option #3

Email: 7683NPU@segwick.com

Submit a report online:

[Nonprofitsunited.com/member-accident-report/](https://nonprofitsunited.com/member-accident-report/)

Call your Supervisor