

1. HOW ACCIDENT OCCURRED

OMA Insurance Accident Reporting Kit

YOUR CHECKLIST TO GATHER IMPORTANT ACCIDENT INFORMATION BE PREPARED... KEEP THIS IN YOUR GLOVE BOX



Describe how the accident occurred.

2. FACTS OF ACCIDENT	ı		sponsibility to anyone for the accident.
Date of the Accident: Day Month Year Time: A.M. P.M. Location – Street(s), Intersections(s) or Highway number(s):	On what street? What direction was other	At what speed? KM/H MPH vehicle travelling?	Which vehicle entered intersection first? If applicable. Your vehicle Other vehicle What was the distance from the point of collision when you first saw other vehicle:
City: Province or State:			
What direction were you travelling?	On what street?	At what speed?	

3. ACCIDENT SKETCH AND CHECKLIST

																											_				
r		T	T																\exists									DF	RAW	ΑC)IAC
r		†	†						T	\vdash												\forall		1				QL	lOW	vc	חווס
H	+	+	+		+				\vdash								\dashv					\dashv		_				OI.	IOVV	10	/UIX
H	+		+							+				-					+			+						ОТ	HE	R VI	EHI
H	+	+	+		H					\vdash									\dashv	\dashv		\dashv		-				INI	DIC	ATE	RE
H	+	+	+	+	+				\vdash	\vdash	\vdash			-			\dashv	\dashv	\dashv	\dashv		\dashv	\dashv	\dashv	\dashv				ID P		
H	+	+	+					H	H	H				_			_		_	_	_	-		_	_				СH		
L		\perp	\perp														_	_				_									
																													IOW		
Γ																												DIS	STA	NCE	E TF
																												SH	lOW	SK	ID A
Г																											L				
Γ																															
Г																															
Γ																															
Γ																															

DRAW A DIAGRAM OF THE ACCIDENT SCENE
SHOW YOUR VEHICLE AS 1
OTHER VEHICLE OR PEDESTRIAN AS 2
INDICATE RELATIVE POSITION OF VEHICLES AND PEDESTRIANS AS THEY APPROACHS EACH OTHER
SHOW POINT OF COLLISION AND POSITION AND DISTANCE TRAVELLED AFTER COLLISION
SHOW SKID AND TIRE MARKS AS

4. CHECK WHAT BEST DESCRIBES CONDITIONS

Road Character	Road Surface	Road Defects	Traffic Control	Light	Weather
Straight Road	Dry	☐ Defective Shoulders	Stop Sign	Dawn	Clear
Curve	☐ Wet	☐ Holes, Deep Ruts,	Officer or Flagman	☐ Daylight	Sunny
Level	Muddy	Bumps	☐ Stop Light	Dusk	Cloudy
		Loose Materials on	☐ Slow Zone	Darkness, Street	Raining
On Grade	Snowy	Surfaces	☐ No Traffic Control	Lighted	Snowing
Hill Crest	☐ lcy	☐ No Defects	Control Defective	☐ Darkness, Street Not Lighted	Fog
Other (Specify)	Other (Specify)	Other (Specify)	Control Missing	Other (Specify)	Other (Specify)
			Other (Specify)		

5. OTHER VEHICLE AND OTHER DRIVER

Ask, if possible to see Driver's Licence & Vehicle Registration.

Driver's Name:		Home Ph	one No.:		Busine	ss Phone	No.:	Owner's Name:	
Driver's Licence No.:		Other Vehicle:	Year: Plate No	Make /Mod		Province	Colour:	Owner's Address:	
Home Address: Province or State:		Insurano	e Compa	any Name:		Policy N	0.:	Home Phone No.:	Business Phone No.:

Also note any Prior Damage PASSENGER Give details of any other damages. Any damages to hydro pole, guard rail, or properties other than the autos involved in YES NO the accident? If "YES", explain:

7. OTHER VEHICLE PASSENGER LIST

1. Full Name:		2. Full Name:		3. Full Name:					
Home Address:		Home Address:		Home Address:					
Home Phone No.:	Business Phone No.:	Home Phone No.:	Business Phone No.:	Home Phone No.:	Business Phone No.:				

8. OWN VEHICLE DAMAGES

If possible, take a picture of the damage.

	Also note any Prior Damage	
	PASSENGER	
FRONT	DRIVER	REAR
Damage:		

loaded?	YES NO	to cargo or contents.
Cargo/Co	ontents damage:	

If "YES" describe damage

Was vehicle

Was vehicle left unattended after the accident? YES NO	If "YES", how long? HRS. MINS.
Where were damaged goods taken?	
Who took the damaged goods there?	

9. WITNESS DETAILS

Note: Independent witnesses not involved in the accident are particularly important.

1. Full Name:			Licence Plate No.:	2. Full Name:		Lic	Licence Plate No.:		
Driver's Licence No	D.:			Driver's Licence No.:					
Home Address:			Province or State:	Home Address:		Province or State:			
Home Phone No.:		Business P	Phone No.:	Home Phone No.:		Business Pho	ne No.:		
Was Ap	pedestrian	A cyclist	Other	Was A pedestria	ın	A cyclist	Other		
10. POLI	CE DETAIL	ıS	Ask for o	opy of accident rep	ort, or the	File No. ass	signed by Police.		
File No.:			Give details of all charges	i.	Was an a	mbulance at	□YES □ NO		
Investigating Office	er's Full Name:				"""	ire department	— — ∏YES ∏ NO		
Badge No.:	Police Officer's Phone	No.:	Was anyone injured?	YES NO	at the sce	ne?			
Address of Police Station:			If yes, Name:		Other info	:			
Were you charged the police?	by YES	NO							
Was the other drive charged by the pol		NO							

If you are insured with OMA Insurance, you can call from the scene of a vehicle accident anywhere in North America:

1.888.785.5502

Not insured with OMA?

Get an auto insurance quote today!

Call 1.877.277.7165

or visit **OMAinsurance.com**



This kit is being provided to assist you with the collection of information in the event of an accident. It is not to be treated as a comprehensive guide as to what you should do in the event of an accident. The Personal cannot be held responsible if any information regarding the accident has not been recorded properly, is not accurate, or if any information has been omitted by the person completing the information.