

**INJURED PERSON(S)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Nature of injuries: \_\_\_\_\_  
\_\_\_\_\_

Occupant of which vehicle? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Nature of injuries: \_\_\_\_\_  
\_\_\_\_\_

Occupant of which vehicle? \_\_\_\_\_  
\_\_\_\_\_

**WITNESSES**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

# WHAT'S NEXT?

*Provide this information to your insurance agent or report the claim directly to Donegal Insurance Group.*

**DELAWARE, MARYLAND, PENNSYLVANIA**

(800) 877 - 9006

**INDIANA, OHIO, ILLINOIS**

(800) 321 - 1117

**IOWA, NEBRASKA, SOUTH DAKOTA**

(800) 545 - 6480

**TENNESSEE**

(800) 226 - 1919

**VIRGINIA, NORTH CAROLINA,  
SOUTH CAROLINA**

(800) 468 - 1127



# CRASH KIT

What to do in case of an accident.



Member Companies of the Donegal Insurance Group®



For more loss reporting information, scan QR code.



# WHAT TO DO

- 1. STOP IMMEDIATELY** and give assistance to involved parties.
- 2. IF SOMEONE IS HURT** obtain appropriate medical care assistance.
- 3. CALL THE POLICE** to assist and investigate the accident.
- 4. EXCHANGE DRIVER, VEHICLE & INSURANCE INFORMATION** with involved parties.
- 5. COMPLETE THIS FORM AT THE SCENE** fill in all information requested.
- 6. DO NOT DISCUSS THE ACCIDENT FACTS** with anyone except the police, your agent or a properly identified representative of our company.
- 7. DO NOT ADMIT OR DISCUSS FAULT**
- 8. REPORT THE ACCIDENT TO YOUR AGENT OR DONEGAL** as soon as possible.

## THE ACCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Address: \_\_\_\_\_  
\_\_\_\_\_

Which direction were you driving? \_\_\_\_\_

Were your lights on? YES NO

Weather Conditions: \_\_\_\_\_

Road Conditions: \_\_\_\_\_

## DIAGRAM OF ACCIDENT

Show names of streets, and also directions in which vehicles were going, indicate clearly by N., S., E., or W.

Describe how the accident occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## POLICE INFORMATION

Department name: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Accident Report Number: \_\_\_\_\_

Was a citation issued? YES NO

If yes, against whom? \_\_\_\_\_  
\_\_\_\_\_

## DAMAGE TO PROPERTY OF OTHERS

Name of Driver: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Year/Make/Model of Vehicle: \_\_\_\_\_  
\_\_\_\_\_

Describe Damages: \_\_\_\_\_  
\_\_\_\_\_

Insurance Company Name & Policy Number: \_\_\_\_\_  
\_\_\_\_\_

Name of Driver: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Year/Make/Model of Vehicle: \_\_\_\_\_  
\_\_\_\_\_

Describe Damages: \_\_\_\_\_  
\_\_\_\_\_

Insurance Company Name & Policy Number: \_\_\_\_\_  
\_\_\_\_\_