



DRIVER

# Old Dominion University Auto Loss Incident Report FORM

THIS INFORMATION SHOULD ONLY BE PROVIDED TO THE

When an accident occurs, follow the instruction on the envelope provided in your driver compartment.  
This form should be sent to Risk Management within 24 hours of the accident. DO NOT DISCUSS ACCIDENT

## OLD DOMINION UNIVERSITY - OFFICE OF RISK MANAGEMENT

POLICY-HOLDER

STREET  
5255

Blvd., Ste 2501

CITY  
Norfolk

STATE  
VA

757-683-4300

PLACE OF ACC

OF ACCIDENT

HOUR

AM  
 PM

ZIP  
23529

AX

757-683-6025

STATE

(MM #)

STATE

NAME OR OWNER OR LEASING

CITY

CLASS OF

FINANCIAL INSTITUTION

OTHER AUTO INVOLVED

DAMAGED AND EXTENT OF

OF OWNER

ADDRESS:

CITY

STA

NAME OF DRIVER

ADDRESS:

STREET

CITY

YES  NO

NAME OF INSURANCE

IN YOUR AUTO

ADDRESSES:

STREET

PHYSICIAN'S (No Matter How Minor)

WERE

INJURED

OF DOCTOR

ADDRESS:

STREET

CITY

ZIP

**CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS**

Property owner Street City State Zip Code  
 Damage of property  
 Other than Auto cost of repair may property be seen?

Witnesses names Addresses Street State Zip Code

what street were you driving? Direction Street or road other auto was driving on Direction  
 your lights on? the other auto's lights on? traffic controls in place? whom? Limit  
 Dim  
 either driver give signal of any kind? intersection who entered first? had right of way?  
 If yes, who?

how the accident happened. Include any special details of the collision. Attach additional sheets if needed.

Description of Accident on the diagram the position of all autos, persons, traffic controls (stop lights, stop signs, etc.) and other objects. Street Street

My Auto



Type of glass: Tinted safety type of break Cracked or pitted  
 Clear Plate Bull's eye Half moon  
 of breakage: Vent Door Other (describe)

Your damage: check "Type of glass" and "Type of break", above, and mark location on diagram

do you think a claim will be made against you? By whom?

Uncertain

Your Name Printed

is your title / position in our signature

phone number email address

NOTE: When submitting this form electronically, your initials below will serve as your electronic signature.

to (Name)

to (Address)

**NEITHER SUBMITTED NOR ACCEPTED AS NOTICE IN SATISFACTION OF ANY FILING REQUIREMENTS**