

IF YOU HAVE AN ACCIDENT

STOP IMMEDIATELY

DO NOT LEAVE THE SCENE

CALL 911

State employees must notify the State Police of all automobile accidents

GET NAMES AND PHONE NUMBERS OF WITNESSES

DO NOT make a statement to anyone other than the police



STATE POLICE EMERGENCY TELEPHONE NUMBERS

Cellular: Emergency #77

Administrative Headquarters, Richmond, 24-hour response: 804-674-2000

Emergency TDD: 1-800-553-3144 Emergency TDD (Voice): 1-800-552-9965

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Division 2 (Culpeper): Emergency Toll-Free: 1-800-572-2260

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CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS

COMMONWEALTH OF VIRGINIA

Automobile Incident Report

Vehicle Pool Number **ODU Driver: Complete this form within 24 hours of the accident and email it to Risk Management at risk@odu.edu or send by fax: 757-683-6025.**

If available, include a copy of the police report

Do not discuss accident with anyone except Commonwealth of Virginia representative and police

	Name of agency and institution / division	State vehicle's license plate number

Your Agency Agency address Street / P.O. Box City State Zip code Phone number

Time and Place Date of accident Hour Location State

A.M.
P.M.

BY THE TERMS OF THE AGENCY'S COVERAGE THE COMMONWEALTH MUST BE GIVEN A REASONABLE OPPORTUNITY TO EXAMINE YOUR AUTO BEFORE REPAIRS ARE MADE.

Make of auto	Year	Body type	Vehicle Identification Number	Police called?	Y	N

Name of owner or leasing company	Address	Street	City	State	Zip Code

Name of driver	Address	Street	City	State	Zip Code

Your Auto Driver's date of birth Driver's license number Was license in effect at time of accident?

Purpose of trip Who gave permission? Where were you going when the accident happened?

Where were you coming from when the accident happened?

Where is the vehicle now? Estimated cost repairs

Make of other auto Year Body type Estimated cost of repairs

Describe damage to other auto

Other Auto Involved Name of other driver Address Street City State Zip Code

Name of other auto's owner Address Street City State Zip Code

Is other auto insured? Name of other auto's insurance company & Policy Number or Policyholder's Name

Names	Addresses	Street	City	State	Zip Code

Passengers Names of passengers in other auto Addresses Street City State Zip Code

Names of persons injured Addresses Injuries Age

Injuries

(No matter how minor) In which auto were the injured riding?

Name of doctor / hospital	Addresses	Street	City	State	Zip Code

Property	Name of owner	Address	Street	City	State	Zip Code
	Damage	Kind of property				

Other than Auto

Estimated cost of repair **Where may property be seen?**

Witnesses

Names	nu	Street	State	Zip	e
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On what street were you driving?	Direction	Speed	Street or road other auto was driving on	Direction	Speed
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Were your lights on?	Were the other auto's lights on?	Traffic controls in place?	For whom?	Speed Limit
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Y Bright Dim

N

Did either driver give signal of any kind? **If intersection, who entered first?** **Who had right of way?**

Description of Accident

Show on the diagram the position of all autos, persons, traffic controls (stop lights, stop signs, etc.) and other objects. Show street names.

My Auto



Stop sign



Yield sign



Traffic light

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

Your Auto's

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

Can a claim be made against you? By whom?

Y Uncertain

N

is your supervisor?

Your supervisor's phone number

is your title / position?

Your signature

Your phone number

State email address

NOTE: When submitting this form, please include...

In case of an accident or breakdown when you should not leave your vehicle, fill out this card and hand it to a passing motorist.

BA0102 09-94

TO A PASSING MOTORIST

CALL NEAREST POLICE DEPARTMENT

CALL AN AMBULANCE

CONTACT, _____

AT: _____

LOCATION OF VEHICLE _____

TYPE OF ASSISTANCE NEEDED

DRIVER'S NAME

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CALL NEAREST POLICE DEPARTMENT

CALL AN AMBULANCE

CALL A WRECKER

CONTACT, _____

AT: _____

LOCATION OF VEHICLE _____

TYPE OF ASSISTANCE NEEDED

DRIVER'S NAME

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09-94

TO A PASSING MOTORIST

YOUR ASSISTANCE WILL BE APPRECIATED IN CARRYING OUT THE INSTRUCTIONS BELOW:

CALL AN AMBULANCE

CALL A WRECKER

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INFORMATION EXCHANGE

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Use this card to obtain key information from the other driver involved.

Use this card to obtain key information from the other driver involved.

ADDRESS: STREET CITY STATE ZIP CODE

ADDRESS: STREET CITY STATE ZIP CODE

NAME OF YOUR INSURANCE COMPANY

NAME OF YOUR INSURANCE COMPANY

YEAR AND MAKE OF VEHICLE ARE YOUR THE OWNER? LICENSE NUMBER

YEAR AND MAKE OF VEHICLE ARE YOUR THE OWNER? LICENSE NUMBER

INJURED PASSENGERS ADDRESSES:

INJURED PASSENGERS ADDRESSES:

WITNESSES ADDRESSES:

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Use Reverse Side If Necessary

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The Commonwealth of Virginia is self insured. For additional information, please contact the Department of Transportation, Division of Motor Vehicle Services, 100 North 17th Street, Richmond, VA 23219.

Commonwealth of Virginia



You may also call: **866-857-6866**

When phoning please be sure to have the Driver Exchange Form information provided by the investigating officer.