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

Fill out the accident forms and notify your supervisor

DO NOT make a statement to anyone other than the police, your employer, or the Commonwealth of Virginia representative assigned by the Division of Risk Management

Treasury

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

Division 1 (Central Virginia): Emergency Toll-Free: 1-800-552-9965

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

Division 3 (Appomattox): Emergency Toll-Free: 1-800-552-0962

Division 4 (Wytheville): Emergency Toll-Free: 1-800-542-8716

Division 5 (Hampton Roads): Emergency Toll-Free: 1-800-582-8350

Division 6 (Salem-Roanoke): Emergency Toll-Free: 1-800-542-5959

Division 7 (Northern Virginia): Emergency Toll-Free: 1-800-572-4510

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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

Your Agency	Name of agency and institution / division						State vehicle's license plate number	
	Agency address	Street / P.O. Box	City	State	Zip code		Phone number	
Time and Place of Accident	Date of accident	Hour	Location	Street or highway	City /County		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.

Your Auto	Make of auto	Year	Body type	Vehicle Identification Number	Police called? Y / N			
					Name of police department			
	Name of owner or leasing company		Address	Street	City	State	Zip Code	
	Name of driver		Address	Street	City	State	Zip Code	
	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 of repairs					
Other Auto Involved	Make of other auto	Year	Body type	Estimated cost of repairs				
	Describe damage to other auto							
	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						
Passengers	Names of passengers in your auto		Addresses	Street	City	State	Zip Code	
	Names of passengers in other auto		Addresses	Street	City	State	Zip Code	
Injuries (No matter how minor)	Names of persons injured		Addresses			Injuries	Age	
	In which auto were the injured riding?							
	Name of doctor / hospital		Addresses	Street	City	State	Zip Code	

CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS

Property Damage Other than Auto

Name of owner	Address Street	City	State	Zip Code

Kind of property

Estimated cost of repair	Where may property be seen?

Witnesses

Names / phone numbers	Addresses Street	City	State	Zip Code

Description of Accident

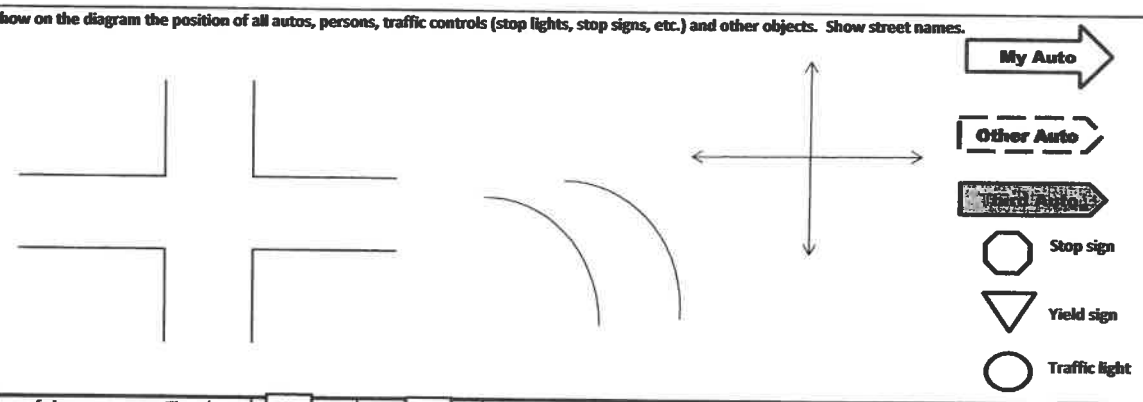
On what street were you driving?	Direction	Speed	Street or road other auto was driving on	Direction	Speed

Were your lights on?			Were the other auto's lights on?			Traffic controls in place?	For whom?	Speed Limit
Y	Bright	Dim	Y	Bright	Dim			
N			N					

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

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

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



Your Auto's Glass Breakage

Type of glass:			Safety		Type of break			Chipped or pitted		
	Tinted		Plate		Shattered		Cracked		Bull's eye		Half moon	
	Clear									

Location of breakage	Vent	Rear	Door	Other (describe)
Windshield				

Windshield 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?
Y	Uncertain	
N		

Who is your supervisor?	
Your supervisor's phone number	
What is your title / position?	Your signature
	Date
Your phone number	Your email address

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

Reported to (Name)	Initials	Reported by (Name)	Initials	Date reported

NEITHER SUBMITTED NOR ACCEPTED AS NOTICE THAT WILL SATISFY FILING REQUIREMENTS OF ANY KIND

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

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

- ☐ 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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AT: _____

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_____

DRIVER'S NAME _____

INFORMATION EXCHANGE

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

NAME			TELEPHONE NO.
ADDRESS: STREET	CITY	STATE	ZIP CODE
NAME OF YOUR INSURANCE COMPANY			
YEAR AND MAKE OF VEHICLE	ARE YOUR THE OWNER?	LICENSE NUMBER	
INJURED PASSENGERS	ADDRESSES:		
WITNESSES	ADDRESSES:		

BG0067 04-83

Use Reverse Side If Necessary

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BG0067 04-83

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The Commonwealth of Virginia is self-insured. For automobile liability inquiries you may write to:

Commonwealth of Virginia
Division of Risk Management
Post Office Box 1879
Richmond, VA 23218-1879

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

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