

# 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



**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](mailto: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
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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
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Name of driver	Address	Street	City	State	Zip Code
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<b>Your Auto</b>	Driver's date of birth	Driver's license number	Was license in effect at time of accident?
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Purpose of trip	Who gave permission?	Where were you going when the accident happened?
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Where were you coming from when the accident happened?

Where is the vehicle now?	Estimated cost	repairs
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Make of other auto	Year	Body type	Estimated cost of repairs
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Describe damage to other auto

<b>Other Auto Involved</b>	Name of other driver	Address	Street	City	State	Zip Code
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Name of other auto's owner	Address	Street	City	State	Zip Code
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Is other auto insured?	Name of other auto's insurance company & Policy Number or Policyholder's Name
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Names	Addresses	City	State	Zip Code
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<b>Passengers</b>	Names of passengers in other auto	Addresses	Street	City	State	Zip Code
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Names of persons injured	Addresses	Injuries	Age
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**Injuries**

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

Name of doctor / hospital	Addresses	Street	City	State	Zip Code
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<b>Property</b>	<b>Name of owner</b>	<b>Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
	<b>Damage</b>	<b>Kind of property</b>				

**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**

**Were your lights on?**      **Were the other auto's lights on?**      **Traffic controls in place?**    **For whom?**      **Speed Limit**

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

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

**Windshield**

**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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BA0102 09-94

CALL NEAREST POLICE DEPARTMENT

CALL AN AMBULANCE

CALL A WRECKER

CONTACT, \_\_\_\_\_

AT: \_\_\_\_\_

LOCATION OF VEHICLE \_\_\_\_\_

TYPE OF ASSISTANCE NEEDED

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09-94

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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:

WITNESSES ADDRESSES:

Use Reverse Side If Necessary

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The Commonwealth of Virginia is a proud member of the Interstate Driver Exchange Program.

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.