

**COMMONWEALTH OF VIRGINIA - UNIVERSITY OF VIRGINIA
AUTOMOBILE LOSS NOTICE**

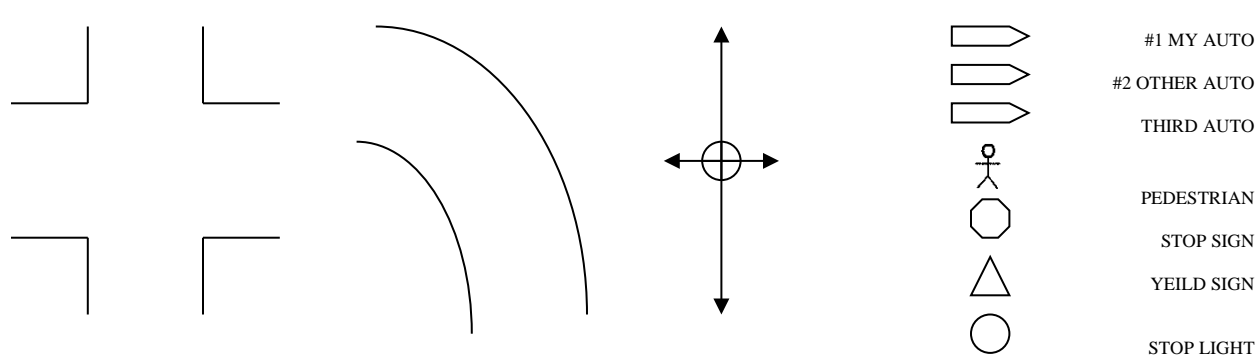
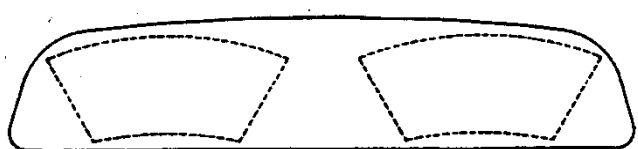
CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS

When an incident occurs, follow the instructions on the card provided in your glove compartment.
Any questions should be referred to Property & Liability Risk Management at 434-924-3055.

Email: orm-frm@virginia.edu Fax: 434-982-2635

DO NOT DISCUSS INCIDENT WITH ANYONE EXCEPT PROPERTY & LIABILITY RISK MANAGEMENT OR THE POLICE

AGENCY NAME	NAME UNIVERSITY OF VIRGINIA – PROPERTY & LIABILITY RISK MANAGEMENT					PHONE NUMBER 434-924-3055			
	ADDRESS: STREET PO BOX 400205		CITY Charlottesville	STATE VA	ZIP CODE 22904-4205	FAX NUMBER 434-982-2635			
TIME AND PLACE OF INCIDENT	DATE OF INCIDENT	HOUR AM <input type="checkbox"/> PM <input type="checkbox"/>	LOCATION	STREET OR HIGHWAY	CITY	COUNTY	STATE		
	MAKE OF AUTO	YEAR	MODEL	VEHICLE IDENTIFICATION NUMBER		LICENSE PLATE #			
ABOUT YOUR AUTO (#1)	NAME OF DRIVER			ADDRESS: STREET	CITY	STATE	ZIP CODE		
	DRIVER'S PHONE NUMBER & HIRE DATE			DEPARTMENT & SUPERVISOR'S NAME & PHONE NUMBER					
	DRIVER'S LICENSE IN EFFECT? YES <input type="checkbox"/> NO <input type="checkbox"/>			DRIVER'S TITLE:					
	WHERE WERE YOU GOING AT TIME OF ACCIDENT?								
	WHERE WERE YOU COMING FROM WHEN THE ACCIDENT HAPPENED?								
	WAS AUTO BEING OPERATED FOR BUSINESS OR PLEASURE? <input type="checkbox"/> BUSINESS <input type="checkbox"/> PLEASURE		WHO GAVE PERMISSION? NAME & TITLE		PURPOSE OF VEHICLE USE AT TIME OF INCIDENT				
	DESCRIBE PARTS DAMAGED AND EXTENT OF DAMAGE.								
	WHERE MAY AUTO BE SEEN?				ESTIMATED COST OF REPAIRS				
	OTHER AUTO (#2)	MAKE OF AUTO	YEAR	MODEL	LICENSE PLATE NUMBER		ESTIMATED COST OF REPAIRS		
		PARTS DAMAGED AND EXTENT OF DAMAGE							
OWNER'S NAME & PHONE NUMBER			ADDRESS: STREET	CITY	STATE	ZIP CODE			
DRIVER'S NAME & PHONE NUMBER <input type="checkbox"/> SAME			ADDRESS: STREET	CITY	STATE	ZIP CODE			
IS AUTO INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF INSURANCE COMPANY		POLICY NUMBER	INSURANCE COMPANY PHONE NUMBER				
PASSENGERS	NAMES OF PASSENGERS IN AUTO (#1)		ADDRESSES: STREET				CITY	STATE	ZIP CODE
	NAMES OF PASSENGERS IN AUTO (#2)		ADDRESSES: STREET				CITY	STATE	ZIP CODE
INJURIES (No matter how minor)	NAMES OF PERSONS INJURED		AUTO #	ADDRESSES		INJURIES		AGE	
	NAME OF DOCTOR OR HOSPITAL			ADDRESSES: STREET		CITY	STATE	ZIP CODE	

WITNESS	NAMES	ADDRESSES: STREET CITY STATE ZIP CODE				PHONE NUMBER
	NAMES	ADDRESSES: STREET CITY STATE ZIP CODE				PHONE NUMBER
PROPERTY DAMAGE OTHER THAN AUTO	NAME OF OWNER	ADDRESSES: STREET CITY STATE ZIP CODE				
	DESCRIPTION OF DAMAGED PROPERTY					
	ESTIMATED COST OF REPAIR	WHERE MAY PROPERTY BE SEEN?				
DESC. OF INCIDENT	ON WHAT STREET WERE YOU DRIVING?	DIRECTION	SPEED	STREET OR ROAD OTHER AUTO WAS DRIVING ON?	DIRECTION	SPEED
	WERE YOUR LIGHTS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BRIGHT <input type="checkbox"/> DIM	WERE OTHER AUTO'S LIGHTS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BRIGHT <input type="checkbox"/> DIM		WHAT TRAFFIC CONTROLS?	FOR WHOM	SPEED LIMIT
	DID EITHER DRIVER GIVE SIGNAL OF ANY KIND? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?			IF INTERSECTION, WHO ENTERED FIRST?	WHO HAD RIGHT OF WAY?	
	DID POLICE INVESTIGATE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			POLICE AGENCY		
	POLICE OFFICER NAME AND/OR BADGE NUMBER			POLICE PHONE NUMBER		
	DESCRIBE IN YOUR OWN WORDS HOW INCIDENT HAPPENED:					
	SHOW ON THE DIAGRAM THE POSITIONS OF ALL AUTOS, PERSONS, STOP LIGHTS, STOP SIGNS AND OTHER OBJECTS. SHOW STREET NAMES					
						
GLASS BREAKAGE	LOCATION OF BREAKAGE: <input type="checkbox"/> DOOR <input type="checkbox"/> VENT <input type="checkbox"/> REAR <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> OTHER - DESCRIBE					
	TYPE OF GLASS <input type="checkbox"/> TINTED <input type="checkbox"/> SAFETY PLATE <input type="checkbox"/> CLEAR <input type="checkbox"/> SAFETY PLATE		TYPE OF BREAK <input type="checkbox"/> CRACKED <input type="checkbox"/> SHATTERED <input type="checkbox"/> BULL'S EYE (O) <input type="checkbox"/> CHIPPED OR PITTED <input type="checkbox"/> HALF MOON ()			
	WINDSHIELD DAMAGE: CHECK ITEMS ABOVE AND MARK LOCATION ON DIAGRAM:					
						
DATE OF REPORT		REPORTED BY				
DATE SIGNED		DRIVER (PRINT NAME)		DRIVER (SIGNATURE)		