

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

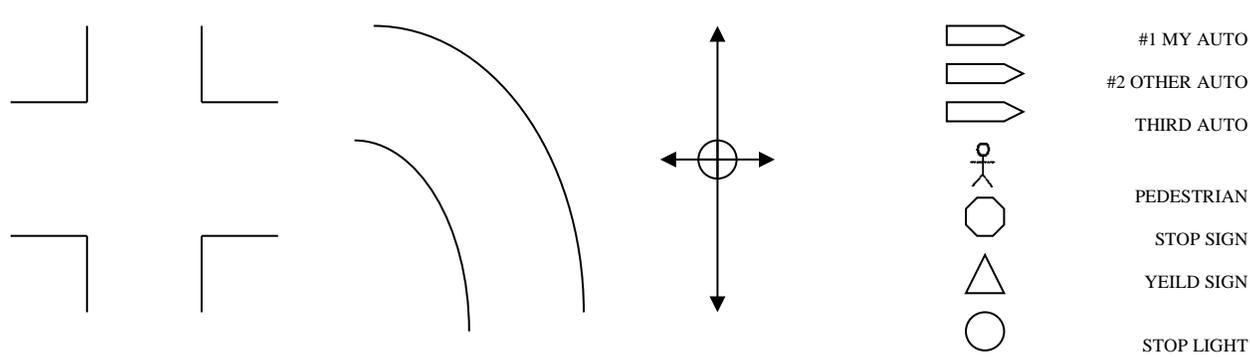
**CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS**

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](mailto:orm-frm@virginia.edu)

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

<b>AGENCY NAME</b>	NAME <b>UNIVERSITY OF VIRGINIA – PROPERTY &amp; LIABILITY RISK MANAGEMENT</b>					PHONE NUMBER <b>434-924-3055</b>			
	ADDRESS: STREET <b>PO BOX 400205</b>		CITY <b>Charlottesville</b>	STATE <b>VA</b>	ZIP CODE <b>22904-4205</b>	FAX NUMBER <b>434-982-2635</b>			
<b>TIME AND PLACE OF INCIDENT</b>	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 #			
<b>ABOUT YOUR AUTO (#1)</b>	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				
	<b>OTHER AUTO (#2)</b>	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				
<b>PASSENGERS</b>	NAMES OF PASSENGERS IN AUTO (#1)		ADDRESSES: STREET				CITY	STATE	ZIP CODE
	NAMES OF PASSENGERS IN AUTO (#2)		ADDRESSES: STREET				CITY	STATE	ZIP CODE
<b>INJURIES (No matter how minor)</b>	NAMES OF PERSONS INJURED		AUTO #	ADDRESSES		INJURIES		AGE	
	NAME OF DOCTOR OR HOSPITAL			ADDRESSES: STREET		CITY	STATE	ZIP CODE	

<b>WITNESS</b>	NAMES	ADDRESSES: STREET CITY STATE ZIP CODE				PHONE NUMBER
	NAMES	ADDRESSES: STREET CITY STATE ZIP CODE				PHONE NUMBER
<b>PROPERTY DAMAGE OTHER THAN AUTO</b>	NAME OF OWNER	ADDRESSES: STREET CITY STATE ZIP CODE				
	DESCRIPTION OF DAMAGED PROPERTY					
	ESTIMATED COST OF REPAIR	WHERE MAY PROPERTY BE SEEN?				
<b>DESC. OF INCIDENT</b>	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					
						
<b>GLASS BREAKAGE</b>	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)		