IF YOU HAVE AN ACCIDENT

STOP IMMEDIATELY

Take all necessary precautions to prevent further accidents at the scene.

SEND FOR HELP – DO NOT LEAVE

Ask a passing motorist or some other person to contact the State Police or call 911.

FOR EMERGENCY ROAD SERVICES (effective 09/01/2005):

Call Vehicle Maintenance Control Center (VMCC) 24/7:

1.866.857.6866

GET NAMES & PHONE NUMBERS OF WITNESSES

Fill out the enclosed accident report form and notify your Supervisor.

DO NOT

Make a statement of any kind to anyone other than your employer, an enforcement officer, a representative of Crawford and Company or the Division of Risk Management.

IMPORTANT

IF ANYONE IS INJURED
OR
THE VEHICLES ARE DISABLED

PHONE
1.866.219.6120

or FAX
1.804.673.9425

EFFECTIVE AT 12:01 am ON 12-31-2000

IN CASE OF ACCIDENT, PLEASE CALL
Crawford and Company at:

1-866-219-6120

COMMONWEALTH OF VIRGINIA

Automobile Loss Notice Form

INJURY TO PEOPLE: TELEPHONE IMMEDIATELY if possibility of injury exists (No matter how minor).
DAMAGE TO PROPERTY: IF SERIOUS, (Vehicle Disabled) TELEPHONE IMMEDIATELY
OTHER: If vehicle is insured for collision and disabled due to damage - TELEPHONE IMMEDIATELY.

If claim is under Comprehensive, Fire or Theft, only sections marked with * need to be completed

DO NOT DISCUSS ACCIDENT WITH ANY ONE EXCEPT COMPANY REPRESENTATIVE OR POLICE.

*POLICY-HOLDER	NAME					
	ADDRESS: STREET	CITY	STATE	ZIP CODE	PHONE NUMBER	
*TIME AND PLACE OF ACCIDENT	DATE OF ACCIDENT	HOUR A.M. P.M.	LOCATION STREET OR HIGHWAY	CITY	COUNTY	STATE

STATE AGENCY OR COMMUNITY SERVICES BOARD as insureds USE ONLY

MAKE OF AUTO	YEAR	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	IF TRAILER, SERIAL NUMBER
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 THE TIME OF ACCIDENT?		
WAS AUTO BEING OPERATED FOR BUSINESS OR PLEASURE? ☐ BUSINESS ☐ PLEASURE	WHO GAVE PERMISSION?	WAS THE AUTO BEING USED FOR ERRAND FOR OWNER?		
DESCRIBE PARTS DAMAGED AND EXTENT OF DAMAGE (NOTE: BY TERMS OF YOUR POLICY THE COMPANY MUST BE GIVEN REASONABLE OPPORTUNITY TO EXAMINE AUTO BEFORE REPAIRS ARE MADE) (IF GLASS DAMAGE, SEE REVERSE SIDE)				
WHERE MAY AUTO BE SEEN?	ESTIMATED COST OF REPAIRS	WHERE IS THE VEHICLE NORMALLY GARAGED? (CITY & STATE)		

OTHER AUTO INVOLVED

MAKE OF AUTO	YEAR	LICENSE NUMBER	ESTIMATED COST OF REPAIRS			
PARTS DAMAGED AND EXTENT OF DAMAGE						
NAME OF OWNER	ADDRESS: STREET	CITY	STATE	ZIP CODE	PHONE NUMBER	
NAME OF DRIVER	ADDRESS: STREET	CITY	STATE	ZIP CODE	PHONE NUMBER	
IS AUTO INSURED? ☐ YES ☐ NO	NAME OF INSURANCE COMPANY					

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)

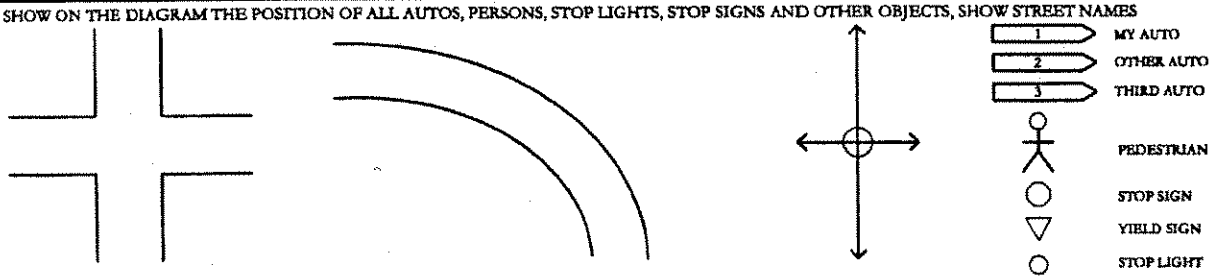
NAMES OF PERSONS INJURED	ADDRESSES	INJURIES	AGE
IN WHICH AUTO WERE INJURED RIDING			
NAME OF DOCTOR OR HOSPITAL	ADDRESS: STREET	CITY	STATE	ZIP CODE

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	ADDRESSES: STREET CITY STATE ZIP CODE	PHONE NUMBERS

DESCRIPTION OF ACCIDENT						
	ON WHAT STREET OR ROAD WERE YOU DRIVING?	DIRECTION	SPEED	STREET OR ROAD OTHER AUTO WAS DRIVING ON?	DIRECTION	SPEED
	WERE YOUR LIGHTS ON? ☐ YES ☐ NO ☐ BRIGHT ☐ DIM	WERE THE OTHER AUTO'S LIGHTS ON? ☐ YES ☐ NO ☐ BRIGHT ☐ DIM	WHAT TRAFFICONTROLS?	FOR WHOM?	SPEED LIMIT	
	DID EITHER DRIVER GIVE SIGNAL OF ANY KIND? ☐ YES ☐ NO IF YES, WHO?	IF INTERSECTION, WHO ENTERED FIRST?	WHO HAD RIGHT OF WAY?			
	WHICH DRIVER VIOLATED TRAFFIC ORDINANCE?	CHARGE:	DID POLICE INVESTIGATE ACCIDENT? ☐ YES ☐ NO	POLICE ADDRESS?		
	DESCRIBE, IN YOUR OWN WORDS, HOW ACCIDENT HAPPENED:					

SHOW ON THE DIAGRAM THE POSITION OF ALL AUTOS, PERSONS, STOP LIGHTS, STOP SIGNS AND OTHER OBJECTS, SHOW STREET NAMES



*GLASS BREAKAGE			
	NOTE: By terms of your policy, the company must be given reasonable opportunity to examine auto before repairs are made.		
	LOCATION OF BREAKAGE ☐ DOOR ☐ VENT ☐ REAR ☐ WINDSHIELD ☐ OTHER, DESCRIBE		
	TYPE OF GLASS ☐ TINTED ☐ SAFETY ☐ CLEAR ☐ PLATE	TYPE OF BREAK ☐ CRACKED ☐ CHIPPED OR PITTED ☐ SHATTERED ☐ BULL'S EYE (◎) ☐ HALF MOON (•))	
	WINDSHIELD DAMAGE: CHECK ITEMS ABOVE AND MARK LOCATION ON DIAGRAM:		

DO YOU THINK A CLAIM WILL BE MADE AGAINST YOU? ☐ YES ☐ NO ☐ UNCERTAIN	BY WHOM?
DATE OF REPORT	SIGNATURE

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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☐ CONTACT, _____

AT: _____

LOCATION OF VEHICLE _____

_____

TYPE OF ASSISTANCE NEEDED _____

_____

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

INFORMATION EXCHANGE

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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:		

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WITNESSES		ADDRESSES:		

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INJURED PASSENGERS		ADDRESSES:		
WITNESSES		ADDRESSES:		

BG0067 04-83

Use Reverse Side If Necessary

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

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SP-209 Revised 7-1-98

STATE OWNED VEHICLE CRASH REPORT

Accurate description of location of crash. If on private propery, give nearest road number. Example: private property off Rt. 123.

COUNTY/CITY: _____

ROUTE NO.: _____

INTERSECTION: _____

____ mi. ____ ft. ☐ N ☐ S ☐ E ☐ W

OF ROUTE: _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

NUMBER VEHICLES INVOLVED: _____

NOTIFIED:

DATE: _____ TIME: _____ ☐ AM ☐ PM

CONDITIONS OF:

LIGHT: _____

ROAD: _____

WEATHER: _____

STATE VEHICLE: ED#: MAKE: TYPE: YEAR: LICENSE #:

STATE VEHICLE DRIVER:

NAME: _____ WEARING SEAT BELTS: ☐ YES ☐ NO ☐ UNKNOWN

OCCUPATION: _____ DEPARTMENT: _____

WORK LOCATION: _____ OFFICE TELEPHONE: _____

WORK ADDRESS: _____

STATEMENT: _____

COULD CRASH HAVE OCCURRED AS DESCRIBED BY DRIVER?: ☐ YES ☐ NO

OTHER VEHICLE: MAKE: TYPE: YEAR: LICENSE #:

NAME: _____ PHONE: _____

ADDRESS: _____

LIABILITY INSURANCE COMPANY: _____ POLICY #: _____

STATEMENT: _____

WITNESS NAME: _____ PHONE: _____

ADDRESS: _____

☐ PASSENGER IN STATE VEHICLE ☐ OTHER VEHICLE ☐ OTHER: _____

STATEMENT: _____

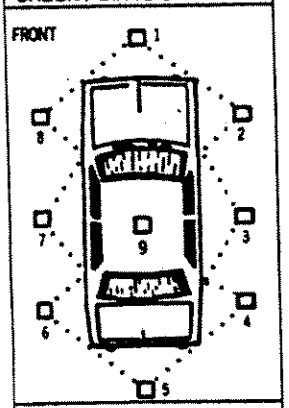
ADDITIONAL INFORMATION/PERTINENT FACTS:

OPINION OF NEGLIGENCE:

STATE DRIVER: ☐ Negligent ☐ Not Negligent
OTHER DRIVER #__: ☐ Negligent ☐ Not Negligent

FURTHER DETAILS OF INVESTIGATION:

VEHICLE #1 DAMAGE CHECK POINTS OF IMPACT



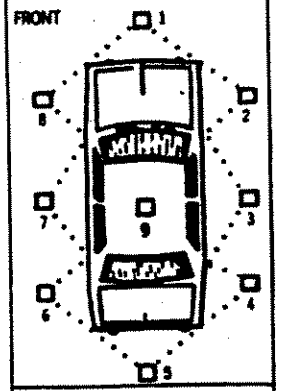
SPEED		
BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE

DAMAGE: $

ACCIDENT DIAGRAM

INDICATE NORTH BY ARROW

VEHICLE #2 DAMAGE CHECK POINTS OF IMPACT



SPEED		
BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE

DAMAGE: $

VEHICLE #1 DAMAGES: ☐ OVERTURNED ☐ UNDERCARRIAGE ☐ BY FIRE ☐ UNKNOWN ☐ NO DAMAGE ☐ MOTOR ☐ TOTALED ☐ OTHER

VEHICLE #2 DAMAGES: ☐ OVERTURNED ☐ UNDERCARRIAGE ☐ BY FIRE ☐ UNKNOWN ☐ NO DAMAGE ☐ MOTOR ☐ TOTALED ☐ OTHER

ACCIDENT DESCRIPTION:

OFFENSE(S) CHARGED DRIVER(S): _____

Area Approval: _____ _____ INVESTIGATING OFFICER'S SIGNATURE

Division Approval: _____ Date of Report: _____