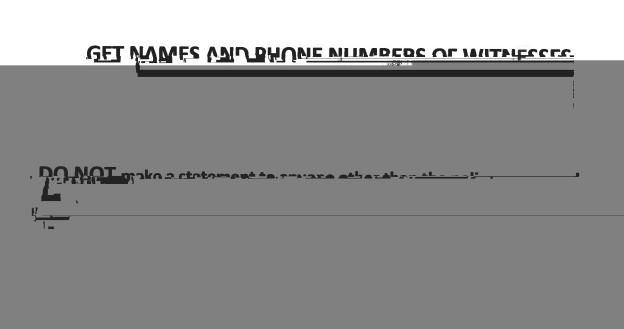
IF YOU HAVE AN ACCIDENT

STOP IMMEDIATELY

DO NOT LEAVE THE SCENE

CALL 911

State employees must notify the State Police of all automobile accidents



STATE POLICE EMERGENCY TELEPHONE NUMBERS

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

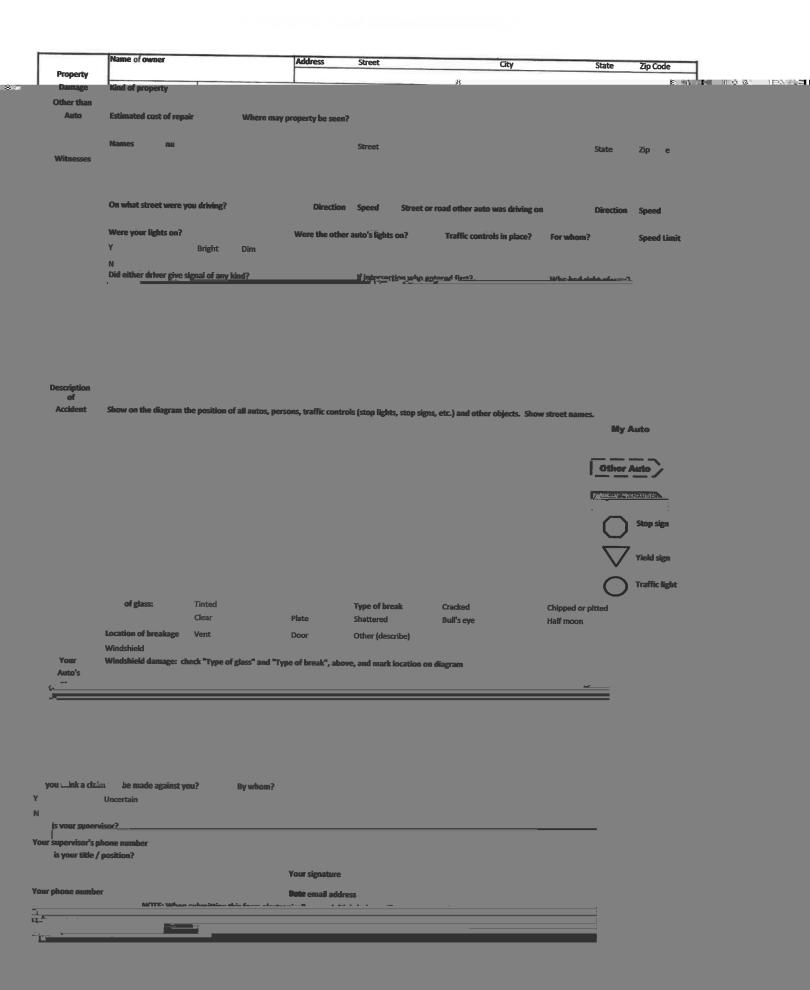
Vehicle Pool Number

OCU 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.

tf 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			or Anguino representative at		
	Annue or efficient and monthlight GIAISION				State vehicle's licen	se plate number
Vous		-111	W_S-M./_N N	160		福美 海
Your Agency	Agency address Street / P.O. Box		City	State Zip code	Phone number	
Time and Blace	. Date of accident Hou					
I WISCOUNT FOOL	Date of accident Hou	A.M.	Chanas au litali			State
		P.M.				
BY THE TERMS OF	THE AGENCY'S COVERAGE THE COMMONW			UNITY TO EXAMINE YOUR AUTO B	EFORE REPAIRS ARE I	AADE.
	Make of auto Year Bod	y type Vehicle	Identification Number	Police called?		N
•				BC		
	Name of owner or leasing company	Address	Street	City	State	Zip Code
						•
	Name of driver	Address	Street	City	State	Zip Code
Warre &					- June	any consc
Your Auto	Driver's date of birth Driv	er's license number	Was license in effec	ct at time of accident?		
	Purpose of trip Who	arms was a last	200			
	whose or min	gave permission?	Where were you go	oing when the accident happened?		
			Where were you co	ming from when the accident happ	nened2	
			water you co		Paris VIII	
	Where is the vehicle now?	Estimate	ed cost repairs			
	Make of other auto Year Both	y type Estimate	ed cost of repairs			
	Describe damage to other auto					
Other Auto						
Involved	Name of other driver	Address	Street	Cîty	State	Zip Code
	Name of other auto's owner	Address	Street			
	AND A CONTRACT OF STREET	Autoress	Street	Cîty	State	Zip Code
	Is other auto insured? Nam	ne of other auto's insura	nce company & Policy N	umber or Policyholder's Name		
	Names uskellman (urthin state	Address	25	City	State	Zip Code
Passengers						
	Names of passengers in other auto	Addresses	Street	City	State	Zip Code
	Names of persons injured					
	renes or persons injured	Addresses			Injuries	Age
Injuries						
(No matter						
how minor)	In which auto were the injured riding?					
				,		
	Name of doctor / hospital	Addresses	Street	City	State	Zip Code



	TO Meditic Manual	1	1 2,000
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		se of you	40.00 to 10.00 to 10.
	DRIVER'S NAME	In case o leave you motorist.	DRIVER'S NAME
	TO A PASSING MOTORIST	Cap .	TO A PASSING MOTORIST
	YOUR ASSISTANCE WILL BE APPRECIATED IN CARRYING	d not assin	YOUR ASSISTANCE WILL BE APPRECIATED IN CARRYING
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	LOCATION OF VEHICLE	ent o	LOCATION OF VEHICLE
		In case of an accident or breakdown when you should not eave your vehicle, fill out this card and hand it to a passin notorist.	
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		In case of leave you motorist.	
	DRIVER'S NAME	In cas leave motor	As a second seco

INFORMATION EXCHANGE

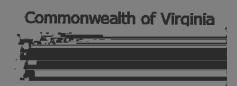
INFORMATION EXCHANGE

Use Reverse Side If Necessary

	Use this card to obtain key information from the	ne other driver involved.	**	_	Use this card to key information from t	he other driver involved.	
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	DRESS: STREET	CITY STATE	ZIP CODE		ADDRESS: STREET	CITY STA	ATE 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:			INIII IDRI'N DA CCOMICIEDO	a thromanderia .	
04-83				83			
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You may also call: 866-857-6866

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