VIRGINIA TECH AUTOMOBILE
ACCIDENT REPORT

CALL THE POLICE

When an accident occurs, follow the instructions on the envelope provided in your glove compartment.
Any questions should be referred to Virginia Tech Risk Management at 540-231-7439.

DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT VIRGINIA TECH RISK MANAGEMENT, INSURANCE COMPANY REPRESENTATIVE OR THE POLICE.

POLICY-HOLDER	NAME **VIRGINIA TECH, RISK MANAGEMENT**				POLICY NUMBER **C900093**	
	ADDRESS: STREET **Mail Code 0310, Blacksburg, Virginia 24061**	CITY	STATE	ZIP CODE	PHONE NUMBER **540-231-7439 FAX: 540-231-5064**	
TIME AND PLACE OF ACCIDENT	DATE OF ACCIDENT	HOUR A.M. P.M.	LOCATION STREET OR HIGHWAY	CITY	COUNTY	STATE
ABOUT YOUR AUTO (#1)	MAKE OF AUTO	YEAR	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE NUMBER	
	NAME OF DRIVER AND PHONE NUMBER		ADDRESS: STREET	CITY	STATE	ZIP CODE
	DEPARTMENT NAME		DEPARTMENT SUPERVISOR'S NAME & PHONE NUMBER			
	E-MAIL ADDRESS		LAST 5 DIGITS OF YOUR VIRGINIA TECH ID #		WAS LICENSE IN EFFECT AT TIME OF ACCIDENT?	
	WAS AUTO BEING OPERATED FOR BUSINESS OR PLEASURE? ☐ BUSINESS ☐ PLEASURE		WHAT WAS THE PURPOSE OF YOUR TRIP?		NAME OF WHO GAVE PERMISSION?	
	DESCRIBE PARTS DAMAGED AND EXTENT OF DAMAGE.					
	WHERE WERE YOU TRAVELING TO AND FROM?		WHERE MAY AUTO BE SEEN?		ESTIMATED COST OF REPAIRS	
OTHER AUTO INVOLVED (#2)	MAKE OF AUTO	YEAR	LICENSE 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 ☐ SAME		ADDRESS: STREET	CITY	STATE	ZIP CODE
	IS AUTO INSURED? ☐ YES ☐ NO	NAME OF INSURANCE COMPANY	POLICY NUMBER	INSURANCE COMPANY PHONE NUMBER		
PASSEN-GERS	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
WITNESSES	NAMES		ADDRESSES: STREET	CITY	STATE ZIP CODE	PHONE NUMBER

DESCRIPTION OF ACCIDENT

ON WHAT STREET WERE YOU DRIVING?	DIRECTION	SPEED	STREET OR ROAD OTHER AUTO WAS DRIVING ON?	DIRECTION	SPEED

WERE YOUR LIGHTS ON?	WERE OTHER AUTO'S LIGHTS ON?	WHAT TRAFFIC CONTROLS?	FOR WHOM	SPEED LIMIT
☐ YES ☐ NO ☐ BRIGHT ☐ DIM	☐ YES ☐ NO ☐ BRIGHT ☐ DIM			

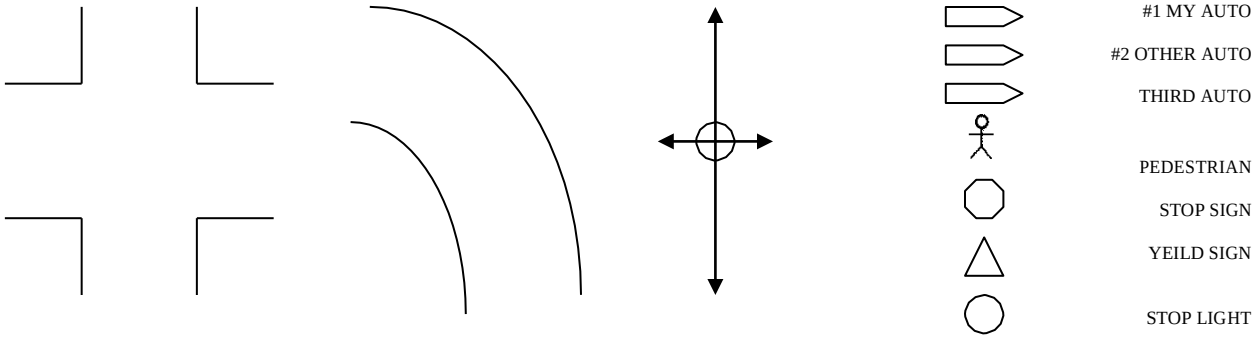
DID EITHER DRIVER GIVE SIGNAL OF ANY KIND?	IF INTERSECTION, WHO ENTERED FIRST?	WHO HAD RIGHT OF WAY?
☐ YES ☐ NO IF YES, WHO?		

WHICH DRIVER VIOLATED TRAFFIC ORDINANCE?	CHARGE:	DID POLICE INVESTIGATE ACCIDENT? ☐YES ☐NO	POLICE ADDRESS?

POLICE OFFICER NAME AND/OR BADGE NUMBER	POLICE PHONE NUMBER

DESCRIBE IN YOUR OWN WORDS HOW ACCIDENT HAPPENED:

SHOW ON THE DIAGRAM THE POSITIONS OF ALL AUTOS, PERSONS, STOP LIGHTS, STOP SIGNS AND OTER OBJECTS. SHOW STREET NAMES



PROPERTY DAMAGE OTHER THAN AUTO

NAME OF OWNER	ADDRESS: STREET	CITY	STATE	ZIP CODE

KIND OF PROPERTY

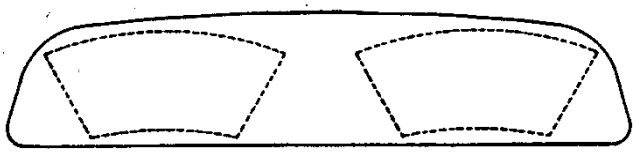
ESTIMATED COST OF REPAIR	WHERE MAY PROPERTY BE SEEN?

GLASS BREAKAGE

LOCATION OF BREAKAGE:
☐ DOOR ☐ VENT ☐ REAR ☐ WINDSHIELD ☐ OTHER - DESCRIBE

TYPE OF GLASS		TYPE OF BREAK		
☐ TINTED	☐ SAFETY PLATE	☐ CRACKED	☐ CHIPPED OR PITED	
☐ CLEAR	☐ SAFETY PLATE	☐ SHATTERED	☐ BULL'S EYE (O)	☐ HALF MOON ( ))

WINDSHIELD DAMAGE: CHECK ITEMS ABOVE AND MARK LOCATION ON DIAGRAM:



DATE OF REPORT	SIGNATURE OF DRIVER

PLEASE SIGN COMPLETED FORM AND RETURN