CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS

COMMONWEALTH OF VIRGINIA Vehicle Pool Number Automobile Incident Report Agency Driver: Complete this form and email it to <u>DRMClaims@trs.virginia.gov</u> or send by fax: 804-371-2442 If available, include a copy of the police report												
	Dono	ot dis <u>cuss a</u>	ccident with			t Commonwealth of Virginia repre	esenta <u>tive</u> ai	nd police				
	Name of agency and inst		State vehicle	s license p	late number							
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		(2.0.5				0						
Your Agency	Agency address S	treet / P.O. Bo	ХС			City State	Zip code	Phone number				
						_						
Time and Place	Date of accident		Hour	Locati	ion	Street or highway	City /County			State		
of Accident	-		A.M. P.M.									
BY THE TERMS OF T						ASONABLE OPPORTUNITY TO EXAMINE						
	Make of auto	Year	Body type	<u> </u>	Vehicle Iden	tification Number	Police called?	Y		Ν		
						Name of polic	e department					
		<u> </u>		<u> </u>								
	Name of owner or leasin	g company		Addre	255	Street	City	5	state	Zip Code		
			İ									
	Name of driver			Addre	ess	Street	City	9	itate	Zip Code		
						Sheet	0.0,		hare	2.p 0111		
Your Auto	Driver's date of birth		Driver's license	e numi	her	Was license in effect at time of accident	t)					
102171212			Diversities	5 11.	<i>b</i> c.							
	Durnass of trin	I	Who gave perr	issio	- 7	Where were you going when the accide						
	Purpose of trip		Who gave peri	mission	nr	Where were you going when the accide	ent nappeneu:					
		I			ļ							
		I			ļ	Where were you coming from when the	e accident happ	ened?				
	Where is the vehicle nov	v?		-+	Estimated co	ost of repairs						
	Make of other auto	Year	Body type		Estimated co	ost of repairs						
				1								
	Describe damage to othe			L								
	Describe duringe to a	1 auto										
Other Auto												
Involved	Name of other driver											
				Addre	255	Street	City	5	itate	Zip Code		
				Addre	255	Street	City	ç	itate	Zip Code		
	Name of other auto's ow	mer		Addre		Street			itate			
	Name of other auto's ow	iner					City City			Zip Code Zip Code		
		-	Name of other	Addre	ess	Street						
	Name of other auto's ow Is other auto insured?	-	Name of other	Addre	ess	Street						
	Is other auto insured?			Addre r auto's	ess 's insurance o	Street	City		itate	Zip Code		
				Addre	ess 's insurance o	Street						
	Is other auto insured?			Addre r auto's	ess 's insurance o	Street	City		itate	Zip Code		
	Is other auto insured?			Addre r auto's	ess 's insurance o	Street	City		itate	Zip Code		
	Is other auto insured?			Addre r auto's	ess 's insurance o	Street	City		itate	Zip Code		
Passengers	Is other auto insured? Names of passengers in t	your auto		Addre r auto's	ess 's insurance o	Street company Street	City City	<u></u>	itate	Zip Code Zip Code		
Passengers	Is other auto insured?	your auto		Addre r auto's	ess 's insurance o	Street	City	<u></u>	itate	Zip Code		
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Injuries	Is other auto insured? Names of passengers in t	your auto		Addre	ess 's insurance e esses esses	Street company Street	City City		itate	Zip Code Zip Code Zip Code		
Injuries (No matter	Is other auto insured? Names of passengers in Names of passengers in o Names of passengers in o	your auto other auto		Addre	ess 's insurance e esses esses	Street company Street	City City		itate	Zip Code Zip Code Zip Code		
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Injuries (No matter	Is other auto insured? Names of passengers in Names of passengers in o Names of passengers in o	your auto other auto		Addre	ess 's insurance e esses esses	Street company Street	City City		itate	Zip Code Zip Code Zip Code		
Injuries (No matter how minor)	Is other auto insured? Names of passengers in Names of passengers in o Names of passengers in o	your auto other auto ed	?	Addre	esses esses esses esses	Street company Street	City City	s s lnjuries	itate	Zip Code Zip Code Zip Code		

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i	Name of owner	Address Street City					State	Zip Code			
	Name of owner			Auuress	Sileei			City	State	Zip Code	
Property											
Damage	Kind of property										
Othersthese											
Other than											
Auto	Estimated cost of repair Where may property be seen?										
	Names / phone number	·c		Addresses	Street			City	State	Zip Code	
	Names / phone number	3		Audiesses	Street			City	June	2ip code	
Witnesses											
	On what streat wars we			Direction	Speed	Ctroat or ra	ad ather auto y	una driving on	Directi	an Encod	
	On what street were yo	u unving:		Direction	speed	Street or ro	ad other auto v	vas unving on	Directi	on Speed	
	Were your lights on?		Were the othe	er auto's lights	on?	Traffic controls in place?		For whom?	Speed Limit		
	Y	Duinha	Dim	v	Databat	Dim					
	Y	Bright	Dim	Y	Bright	Dim					
	N			N							
	Did either driver give sig	nal of any ki	nd?		If intersect	ion who ente	red first?		Who had right of w	av?	
										- 1 -	
	Y	If yes, who?)								
	N										
	Describe how the accide	nt honnonod		acial datails of	the collision (Attack additi	nal chaota if n	adad			
	Describe now the accide	ent nappened	i. Include any sp	ecial details of	the collision. A	Attach additio	onal sneets if ne	edea.			
Description											
of											
Accident	Show on the diagram th	o position of	all autor porce	ne traffic cont	role (stop lights	cton signs	otc) and other	objects Show	streat names	•	
Accident	Show on the diagram th	e posición or	an autos, perso	ins, traine conti	iois (stop lights	s, stop signs,	etc.) and other	objects. Show			
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		-				\backslash	\backslash	\checkmark	[Stop sign	
										/	
						\			_	7	
						1			\	Yield sign	
						1			```		
		I	1								
									(Traffic light	
	Type of glass:	Tinted		Safety	Type of bre	ak	Cracked		Chipped or pitted		
	//*** 0***								1		
		Clear		Plate	Shattered		Bull's eye		Half moon		
	Location of breakage	Vent	Rear	Door	Other (desc	ribe)					
	Location of breakage	vene	neur	2001	other (dese						
	Windshield										
Your	Windshield damage: check "Type of glass" and "Type of break", above, and mark location on diagram										
Auto's											
Glass											
Breakage		·)		
	· · · ·										
		-	I								
Do you think a clain	n will be made against ye	ou?	By whom?								
Y	Uncertain		1								
N											
N			1	1							
Who is your superv	isor?										
				/							
Your supervisor's pl	hone number										
-				Your signature	•						
	What is your title / position?										
				Date							
H				Juic							
Your phone numbe	r			Your email address							
		submitting +	his form electro			serve as vo	ur electronic cia	nature			
Demostrates (a)		saonnung t							Data remains 1		
Reported to (Name)		Initials	Reported by (vame)			Initials	Date reported		
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NEITHER SUBMITTED NOR ACCEPTED AS NOTICE IN SATISFACTION OF ANY FILING REQUIREMENTS