Risk Management-Automobile Accident Procedures

The Commonwealth of Virginia’s Risk Management Plan applies to any accident, regardless of damage or location, including private property, involving:

* A JMU driver, in a JMU owned vehicle is involved in an accident where a non-JMU owned vehicle or non-JMU owned property is damaged and/or there is physical injury involved.
* A JMU driver, while conducting official university business/travel, is involved in ANY accident involving a rental vehicle (even if no other vehicle is involved). This coverage would also include any damage, theft or breakdown of a vehicle rented by the university, which occurs while the vehicle is under our care.

Filing an Automobile Claim

The following instructions must be followed if a JMU driver in a state/university vehicle, or a vehicle rented by the university, is involved in ANY automobile accident (even single-car and even on private property), or if the vehicle becomes disabled (breaks down), has been stolen, or has become damaged in some other way:

1. First, the driver must notify the State police, cellular: emergency dial 977. If the accident, theft, breakdown or damage has occurred off-campus. If the accident, theft, breakdown or damage occurs on campus, contact Campus Police at 568-6911 or 568-6912.
2. The driver must avoid making any statements regarding who is or is not at fault in the accident.

3. The driver must secure a copy of the accident report from the officer at the scene. If it is not possible to secure a copy of the accident report at the scene make arrangement to acquire a copy and secure the following information:
   a. Investigating Law Enforcement Agency Name
   b. Investigating Law Enforcement Agency Phone Number
   c. Investigating Law Enforcement Agency Fax Number
   d. Investigating Officers Name and Unit Number
   e. Date and Time of Report
   f. CPS# (Call For Service) or Report Number

4. The driver must complete an Automobile Loss Notice

5. The driver of the JMU vehicle (or rental vehicle) involved in the accident must contact the Third Party Agent (TPA) designated by the Division of Risk Management to initiate a claim. The TPA is currently Capstone ISG (1-866-729-9655). Copies of the police report, the Auto Loss Notice form, and any other documentation or witness statements must be forwarded to the insurance agency as soon as possible. The driver should keep copies of all forms submitted for their personal records.

   NOTE: It is the responsibility of the JMU driver involved to initiate contact with the TPA and collect and submit all required information in a timely manner.

6. The driver must report the accident to the JMU Risk Management office. If the vehicle involved in the accident was JMU owned, then the driver must also report the accident to the JMU Motor Pool. In addition, the driver must also forward copies of all forms and documents submitted on the claim to the JMU Risk Management office in the event the TPA asks for assistance with the claim.
   a. JMU Risk Management office contact information:
      Telephone (540) 568-6495
      Fax (540) 568-2878
   b. JMU Motor Pool contact information:
      Telephone (540) 568-8147
      Fax (540) 568-3168

7. The driver involved in the accident/damage and the university itself will both be required to assist fully in any further investigation or Inquiry involved in the claim.

Contact Paula Miller at (540) 568-6495 or for additional information, JMU Public Safety at (540) 568-6912.

For additional information visit the JMU Risk Management Web page at:
www.jmu.edu/riskmgmt
**COMMONWEALTH OF VIRGINIA**

**REPORTING AGENCY'S INFORMATION**

<table>
<thead>
<tr>
<th>AGENCY NAME: JAMES MADISON UNIVERSITY</th>
<th>CELL PHONE: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS: 131 West Grace Street</td>
<td>BUSINESS PHONE: (540) 568-6485</td>
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<tr>
<td>CONTACT PERSON: OFFICE OF RISK MGT</td>
<td>OTHER PHONE:</td>
</tr>
<tr>
<td>AGENCY REFERENCE #:</td>
<td>E-MAIL:</td>
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**ACCIDENT DETAILS**

<table>
<thead>
<tr>
<th>ACCIDENT DATE:</th>
<th>ACCIDENT TIME:</th>
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<tbody>
<tr>
<td>ACCIDENT LOCATION:</td>
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<tr>
<td>ACCIDENT REPORTED TO STATE POLICE (CHECK ONE)</td>
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<tr>
<td>NAME OF POLICE DEPARTMENT:</td>
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<tr>
<td>VEHICLE DRIVER:</td>
<td>POLICE REPORT NUMBER:</td>
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<tr>
<td>VEHICLE DRIVER'S LICENSE #:</td>
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<td>VEHICLE DRIVER CONTACT PHONE NUMBER:</td>
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<tr>
<td>VEHICLE POOL#:</td>
<td>VEHICLE LICENSE PLATE #:</td>
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<tr>
<td>VEHICLE ID #: (VIN)</td>
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<tr>
<td>VEHICLE'S CURRENT LOCATION (FOR INSPECTION):</td>
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<td>ACCIDENT DESCRIPTION AND/OR DIAGRAM:</td>
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**OTHER DAMAGED PROPERTY**

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<tbody>
<tr>
<td>DRIVER'S NAME:</td>
<td>OWNER'S NAME:</td>
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<tr>
<td>DRIVER'S PHONE:</td>
<td>OWNER'S ADDRESS:</td>
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<td>DRIVER'S LICENSE #:</td>
<td>PROPERTY LOCATION:</td>
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<tr>
<td>DRIVER'S ADDRESS:</td>
<td>EXTENT OF PROPERTY DAMAGE:</td>
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<td>INSURANCE COMPANY:</td>
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<td>INSURANCE POLICY #:</td>
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**WITNESSES/PASSengers**

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<thead>
<tr>
<th>NAME</th>
<th>PHONE</th>
<th>WITNESS</th>
<th>PASSENGER</th>
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<th>OTHER VEH</th>
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</thead>
<tbody>
<tr>
<td>NAME</td>
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<td>WITNESS</td>
<td>PASSENGER</td>
<td>AGENCY VEH</td>
<td>OTHER VEH</td>
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<tr>
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<td>WITNESS</td>
<td>PASSENGER</td>
<td>AGENCY VEH</td>
<td>OTHER VEH</td>
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**INJURED**

<table>
<thead>
<tr>
<th>NAME</th>
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<th>AGENCY VEH</th>
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<tr>
<td>NAME</td>
<td>PHONE</td>
<td>AGENCY VEH</td>
<td>OTHER VEH</td>
<td>EXTENT OF INJURY:</td>
</tr>
</tbody>
</table>

**REPORTED BY (NAME):** (INITIALS) **REPORTED TO (NAME):** (INITIALS) **DATE:**

*Note: When submitting form electronically, your initials here will serve as your electronic signature*
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
Division 7 (Northern Virginia): Emergency Toll-Free: 1-800-572-4510

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Division 7 (Northern Virginia): Emergency Toll-Free: 1-800-572-4510
STATE: Commonwealth of Virginia

EFFECTIVE: July 1, 2012 - Continuous

LIABILITY INDEMNITOR:
Commonwealth of Virginia
Department of Treasury
Post Office Box 1879
Richmond, VA 23218-1879

CLAIMS ADMINISTRATOR:
Capstone ISG
13506 E. Boundary Road, Ste-A
Midlothian, VA 23112
1-866-729-9655

VEHICLE ID #:
All Commonwealth owned and leased vehicles.

Immediately call police to investigate all auto accidents

Report the accident by telephone to Capstone ISG within 24 hours

CLAIM REPORT NUMBER
1-866-729-9655

COMMONWEALTH OF VIRGINIA
DIVISION OF RISK MANAGEMENT
IN CASE OF EMERGENCY PLEASE CALL CAPSTONE ISG at: 1-866-729-9655