

**RIDING IN A VEHICLE BELONGING TO THE COMMONWEALTH OF VIRGINIA IS A PRIVILEGE, PLEASE BEHAVE AND DRIVE ACCORDINGLY – you are now a highly visible representative of the university!**

**STATE STATUTE REQUIRES THE DRIVER (OR PERSON ASSIGNED TO THE VEHICLE) REPORT ANY DAMAGE TO, OR CAUSED BY, A STATE VEHICLE, AS FOLLOWS:**

- **IMMEDIATELY** contact the state police on all accidents unless the accident occurs on the James Madison University campus - call campus police (8-6911)
- **WITHIN 48 HOURS** contact Crawford and Company, 866-219-6120
- **WITHIN 48 HOURS** submit a completed Automobile Loss Notice Form to the JMU Transportation Office, including the names and contact information of any witnesses. See the emergency instructions packet in the glove box for additional requirements and instruction.

**Failure to comply with reporting requirements may result in disciplinary or criminal action. State vehicles may be used for official university business only, other use, including side trips, may result in disciplinary action and legal liability for resulting damages. Do not drive distracted, use a cell phone, eat, drink, or smoke while operating a state vehicle.**

**Individuals or departments may be held financially accountable for unreported damage, insurance deductible fees for “at fault” damage, excessive wear and tear, replacement of this information, as well as cleaning fees for abnormally dirty vehicles.**

**BEFORE EVERY USE, CONDUCT A SAFETY WALK AROUND AND INSPECTION OF THIS VEHICLE: check the entire vehicle for damage, verify the emergency instructions packet is in the glove box, etc. For additional information:**

**<http://www.jmu.edu/riskmgmt/autoinspkts.shtml>**

#### **RISK MANAGEMENT NOTICE TO MOTOR POOL VEHICLE DRIVERS**

This vehicle is the property of James Madison University; you have assumed responsibility for its safe keeping while in your care. This vehicle is to be used for official university business only: other use of an unreasonable nature involving activities unnecessary for the trip associated with that official business are not allowed. It is expected you will travel by the most direct route possible without deviation for any unofficial purpose. It is also expected that you will conduct yourself in a manner respectful to your status as an official representative of the university. The use of this vehicle for purposes other than university business, the transportation of undeclared passengers, animals or materials, or violation of laws or traffic regulations may result in disciplinary action and/or personal liability. Smoking is prohibited in this vehicle. Please contact the JMU Risk Management Web page or office for additional information: <http://www.jmu.edu/riskmgmt/>.

# **IF YOU HAVE AN AUTO 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.

## **GET NAMES & PHONE NUMBERS OF WITNESSES**

Fill out the 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**

## **IDENTIFICATION CARD**

**STATE:** Commonwealth of Virginia

**CLAIM ADMINISTRATOR:** Crawford and Company

**EFFECTIVE DATE:** July 1, 2003

**VEHICLE ID #:** All Commonwealth Owned and  
Commonwealth Leased Autos

**COMPANY ISSUING CARD:**

Hilb, Rogal & Hobbs  
800 King Farm Blvd., Ste. 200  
Rockville, MD 20850

**INSURED:**

Commonwealth of Virginia  
Department of the Treasury  
P.O. Box 1879  
Richmond, VA 23218-1879

**TO REPORT ACCIDENTS:**

Call: 1.866.219.6120 or Fax: 1.804.673.9425

# 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.**

<b>*POLICY-HOLDER</b>	NAME								
	ADDRESS:	STREET	CITY	STATE	ZIP CODE	PHONE NUMBER			
<b>*TIME AND PLACE OF ACCIDENT</b>	DATE OF ACCIDENT	HOUR	A.M. P.M.	LOCATION	STREET OR HIGHWAY	CITY	COUNTY	STATE	
	MAKE OF AUTO	YEAR	BODY TYPE	VEHICLE IDENTIFICATION NUMBER		IF TRAILER, SERIAL NUMBER			
<b>STATE AGENCY OR COMMUNITY SERVICES BOARD as insureds USE ONLY</b>	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? <input type="checkbox"/> BUSINESS <input type="checkbox"/> 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)			
	MAKE OF AUTO		YEAR	LICENSE NUMBER	ESTIMATED COST OF REPAIRS				
	PARTS DAMAGED AND EXTENT OF DAMAGE								
<b>OTHER AUTO INVOLVED</b>	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? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF INSURANCE COMPANY						
<b>PASSENGERS</b>	NAMES OF PASSENGERS IN YOUR AUTO			ADDRESSES: STREET CITY STATE ZIP CODE					
	NAMES OF PASSENGERS IN OTHER AUTO			ADDRESSES: STREET CITY STATE ZIP CODE					
<b>INJURIES (No Matter How Minor)</b>	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
DESCRIP- TION 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BRIGHT <input type="checkbox"/> DIM		WERE THE OTHER AUTO'S LIGHTS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BRIGHT <input type="checkbox"/> DIM		WHAT TRAFFIC CONTROLS?		FOR WHOM?	SPEED LIMIT
	DID EITHER DRIVER GIVE SIGNAL OF ANY KIND? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?			IF INTERSECTION, WHO ENTERED FIRST?			WHO HAD RIGHT OF WAY?	
	WHICH DRIVER VIOLATED TRAFFIC ORDINANCE?		CHARGE:		DID POLICE INVESTIGATE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> DOOR <input type="checkbox"/> VENT <input type="checkbox"/> REAR <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> OTHER, DESCRIBE							
	TYPE OF GLASS <input type="checkbox"/> TINTED <input type="checkbox"/> SAFETY <input type="checkbox"/> CLEAR <input type="checkbox"/> PLATE				TYPE OF BREAK <input type="checkbox"/> CRACKED <input type="checkbox"/> CHIPPED OR PITTED <input type="checkbox"/> SHATTERED <input type="checkbox"/> BULL'S EYE (⊗) <input type="checkbox"/> HALF MOON (∩)			
WINDSHIELD DAMAGE: CHECK ITEMS ABOVE AND MARK LOCATION ON DIAGRAM:								
DO YOU THINK A CLAIM WILL BE MADE AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCERTAIN				BY WHOM?				
DATE OF REPORT				SIGNATURE				

## STATE OWNED VEHICLE CRASH REPORT

<p>Accurate description of location of crash. If on private property, give nearest road number. Example: private property off Rt. 123.</p> <p>COUNTY/CITY: _____</p> <p>ROUTE NO.: _____</p> <p>INTERSECTION: _____</p> <p>_____ mi. _____ ft.    <input type="checkbox"/> N    <input type="checkbox"/> S    <input type="checkbox"/> E    <input type="checkbox"/> W</p> <p>OF ROUTE: _____</p>	<p>DATE: _____ TIME: _____    <input type="checkbox"/> AM    <input type="checkbox"/> PM</p> <p>NUMBER VEHICLES INVOLVED: _____</p> <p>NOTIFIED: _____</p> <p>DATE: _____ TIME: _____    <input type="checkbox"/> AM    <input type="checkbox"/> PM</p> <p>CONDITIONS OF:</p> <p>LIGHT: _____</p> <p>ROAD: _____</p> <p>WEATHER: _____</p>
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STATE VEHICLE:	ED#:	MAKE:	TYPE:	YEAR:	LICENSE #:
STATE VEHICLE DRIVER:					
NAME: _____			WEARING SEAT BELTS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
OCCUPATION: _____			DEPARTMENT: _____		
WORK LOCATION: _____			OFFICE TELEPHONE: _____		
WORK ADDRESS: _____					
STATEMENT: _____					
_____					
_____					
_____					
_____					
_____					
COULD CRASH HAVE OCCURRED AS DESCRIBED BY DRIVER?: <input type="checkbox"/> YES <input type="checkbox"/> NO					

OTHER VEHICLE:	MAKE:	TYPE:	YEAR:	LICENSE #:
NAME: _____		PHONE: _____		
ADDRESS: _____				
LIABILITY INSURANCE COMPANY: _____			POLICY #: _____	
STATEMENT: _____				
_____				
_____				
_____				

WITNESS NAME: _____	PHONE: _____
ADDRESS: _____	
<input type="checkbox"/> PASSENGER IN STATE VEHICLE <input type="checkbox"/> OTHER VEHICLE <input type="checkbox"/> OTHER: _____	
STATEMENT: _____	
_____	
_____	

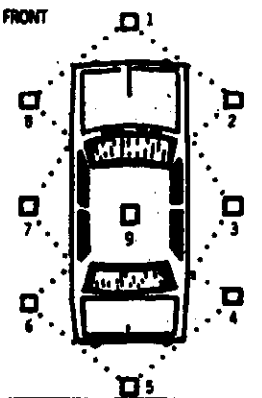
**ADDITIONAL INFORMATION/PERTINENT FACTS:**

**OPINION OF NEGLIGENCE:**

STATE DRIVER:  Negligent  Not Negligent  
 OTHER DRIVER #\_\_\_:  Negligent  Not Negligent

**FURTHER DETAILS OF INVESTIGATION:**

**VEHICLE #1 DAMAGE  
CHECK POINTS OF IMPACT**

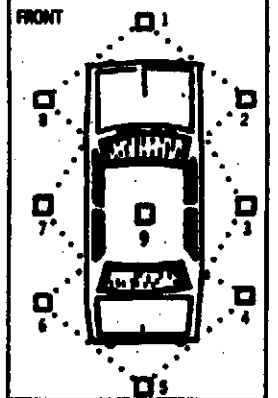


SPEED		
BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE

DAMAGE: \$

**ACCIDENT DIAGRAM**

**VEHICLE #2 DAMAGE  
CHECK POINTS OF IMPACT**



SPEED		
BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE

DAMAGE: \$

INDICATE NORTH BY ARROW

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: \_\_\_\_\_

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 \_\_\_\_\_

BA0102 09-94

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.

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# 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

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BG0067 04-83

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**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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**TIVE AT 12:01 am ON 12-31-**

**CASE OF ACCIDENT, PLEASE CAL  
Crawford and Company at:**

**1-866-219-6120**