

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 THE SCENE

Ask a passing motorist or some other person to contact the State Police at

cellular #77 or call 911.

GET NAMES & PHONE NUMBERS OF WITNESSES

Fill out the Automobile Incident Report form and notify your supervisor.

DO NOT

Make a statement of any kind to anyone other than your employer, an enforcement officer, or the Division of Risk Management.

For claims information other drivers or property owners are to contact:

THE COMMONWEALTH OF VIRGINIA

DIVISION OF RISK MANAGEMENT

POST OFFICE BOX 1879

Richmond, Virginia 23218-1879

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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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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Making a claim for damages with the State of Virginia

There may be various remedies available to you under state law as a result of your damages. Virginia's Division of Risk Management administers a trust fund which provides liability protection to employees and agencies of the Commonwealth for their negligence and resulting liability.

Although they are not an insurance company and they have no adjusters or appraisers you may wish to submit your dispute to them for consideration.

If you would like to assert a claim through that office you may gather together all of your supporting documents and submit your claim (along with all details of the incident) through the U.S. Postal Service to:

**Commonwealth of Virginia
Division of Risk Management
Post Office Box 1879
Richmond, VA 23218-1879**

Once that office receives all of the necessary information they will review the matter and give it settlement consideration.

Suggested documentation to include with your submission:

1. A letter stating your claim for damages as well as your contact information.
2. A copy of the police report.
3. Two estimates for damage repairs.
4. Witness statements
5. Photos of damage

CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS

COMMONWEALTH OF VIRGINIA

Automobile Incident Report

Vehicle Pool Number

Agency Driver: Complete this form and email it to DRMClaims@trs.virginia.gov or send by fax: 804-371-2442

If available, include a copy of the police report

Do not discuss accident with anyone except Commonwealth of Virginia representative and police

Your Agency	Name of agency and institution / division					State vehicle's license plate number		
	Agency address Street / P.O. Box City State Zip code					Phone number		
Time and Place of Accident	Date of accident	Hour	Location Street or highway		City / County		State	
			A.M.					
		P.M.						
BY THE TERMS OF THE AGENCY'S COVERAGE THE COMMONWEALTH MUST BE GIVEN A REASONABLE OPPORTUNITY TO EXAMINE YOUR AUTO BEFORE REPAIRS ARE MADE.								
Your Auto	Make of auto	Year	Body type	Vehicle Identification Number		Police called?	Y <input type="checkbox"/> N <input type="checkbox"/>	
	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 time of accident?			
	Purpose of trip		Who gave permission?		Where were you going when the accident happened?			
					Where were you coming from when the accident happened?			
	Where is the vehicle now?		Estimated cost of repairs					
	Other Auto Involved	Make of other auto	Year	Body type	Estimated cost of repairs			
		Describe damage to other auto						
Name of other driver			Address Street City State Zip Code					
Name of other auto's owner			Address Street City State Zip Code					
Is other auto insured?		Name of other auto's insurance company						
Passengers	Names of passengers in your auto		Addresses Street City State Zip Code					
	Names of passengers in other auto		Addresses Street City State Zip Code					
Injuries (No matter how minor)	Names of persons injured		Addresses			Injuries	Age	
	In which auto were the injured riding?							
Name of doctor / hospital			Addresses Street City State Zip Code					

NEITHER SUBMITTED NOR ACCEPTED AS NOTICE IN SATISFACTION OF ANY FILING REQUIREMENTS

CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS

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 / phone numbers		Addresses		Street	City	State	Zip Code							
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 the other auto's lights on?		Traffic controls in place?		For whom?	Speed Limit							
	Y	<input type="checkbox"/>	Bright	<input type="checkbox"/>	Dim	<input type="checkbox"/>	Y	<input type="checkbox"/>	Bright	<input type="checkbox"/>	Dim	<input type="checkbox"/>			
	N	<input type="checkbox"/>					N	<input type="checkbox"/>							
	Did either driver give signal of any kind?		If intersection who entered first?		Who had right of way?										
	Y	<input type="checkbox"/>	if yes, who?												
	N	<input type="checkbox"/>													
	Describe how the accident happened. Include any special details of the collision. Attach additional sheets if needed.														
	Show on the diagram the position of all autos, persons, traffic controls (stop lights, stop signs, etc.) and other objects. Show street names.														
Your Auto's Glass Breakage	Type of glass:		Tinted	<input type="checkbox"/>	Safety	<input type="checkbox"/>	Type of break		Cracked	<input type="checkbox"/>	Chipped or pitted	<input type="checkbox"/>			
			Clear	<input type="checkbox"/>	Plate	<input type="checkbox"/>			Shattered	<input type="checkbox"/>	Bull's eye	<input type="checkbox"/>			
	Location of breakage		Vent	<input type="checkbox"/>	Rear	<input type="checkbox"/>	Door	<input type="checkbox"/>	Other (describe)						
	Windshield		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Windshield damage: check "Type of glass" and "Type of break", above, and mark location on diagram															
Do you think a claim will be made against you?			By whom?												
Y	<input type="checkbox"/>	Uncertain	<input type="checkbox"/>												
N	<input type="checkbox"/>	<input type="checkbox"/>													
Who is your supervisor?			Your signature Date Your email address												
Your supervisor's phone number															
What is your title / position?															
Your phone number															
NOTE: When submitting this form electronically, your initials below will serve as your electronic signature.															
Reported to (Name)			Initials	Reported by (Name)			Initials	Date reported							



OFFICE OF RISK MANAGEMENT

James Madison University-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 involved in an accident where another JMU vehicle, non-JMU owned vehicle, JMU property, or non-JMU owned 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 paid for by JMU (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. The driver must notify the State police if the accident, theft, breakdown, or damage has occurred off-campus. If the accident, theft, breakdown, or damage occurs on campus, contact Campus Police.
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. CFS# (Call For Service) or Report Number
4. The driver must complete an Automobile Incident Report.
5. The driver of the JMU vehicle (or rental vehicle) involved in the accident must contact JMU Transportation and the office of Risk Management to initiate a claim. Copies of the police report, the Automobile Incident Report, and any other documentation or witness statements must be forwarded to JMU Transportation and Risk Management 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 JMU Transportation and Risk Management and collect and submit all required information in a timely manner.

JMU Risk Management office contact information:

Telephone (540) 568-6495
Fax (540) 568-2878

JMU Transportation 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 Risk Management at (540) 568-6495 or for additional information, JMU Public Safety at (540) 568-6912.

131 West Grace Street, MSC 6703, Harrisonburg, VA 22807

540-568-7812 Fax 540-568-2878

mooremg@jmu.edu <http://www.jmu.edu/riskmgmt/>