COMMONWEALTH OF VIRGINIA

REPORTING AGENCY'S INFORMATION

AGENCY NAME: **JAMES MADISON UNIVERSITY**	CELL PHONE: **N/A**
ADDRESS: **131 West Grace Street**	BUSINESS PHONE: **(540-568-6495)**
CONTACT PERSON: **OFFICE OF RISK MGT**	OTHER PHONE:
AGENCY REFERENCE #:	E-MAIL:

ACCIDENT DETAILS

ACCIDENT DATE:	ACCIDENT TIME:	
ACCIDENT LOCATION:		
ACCIDENT REPORTED TO STATE POLICE (CHECK ONE)	YES: ❒	NO: ❒
NAME OF POLICE DEPARTMENT:		
VEHICLE DRIVER:	POLICE REPORT NUMBER:	
VEHICLE DRIVER'S LICENSE #:		
VEHICLE DRIVER CONTACT PHONE NUMBER:		
VEHICLE POOL#:	VEHICLE LICENSE PLATE #:	
VEHICLE ID # (VIN)		
VEHICLE'S CURRENT LOCATION (FOR INSPECTION):		
ACCIDENT DESCRIPTION AND/OR DIAGRAM:		

OTHER DAMAGED PROPERTY

OTHER VEHICLE:	**OTHER PROPERTY:**
DRIVER'S NAME:	OWNER'S NAME:
DRIVER'S PHONE:	OWNER'S ADDRESS:
DRIVER'S LICENSE #:	PROPERTY LOCATION:
DRIVER'S ADDRESS:	EXTENT OF PROPERTY DAMAGE:
INSURACE COMPANY:	
INSURANCE POLICY #:	

WITNESSES/PASSENGERS

NAME	PHONE	WITNESS ❒	PASSENGER ❒	AGENCY VEH ❒	OTHER VEH ❒
NAME	PHONE	WITNESS ❒	PASSENGER ❒	AGENCY VEH ❒	OTHER VEH ❒
NAME	PHONE	WITNESS ❒	PASSENGER ❒	AGENCY VEH ❒	OTHER VEH ❒

INJURED

NAME	PHONE	AGENCY VEH ❒	OTHER VEH ❒	EXTENT OF INJURY:
NAME	PHONE	AGENCY VEH ❒	OTHER VEH ❒	EXTENT OF INJURY:
NAME	PHONE	AGENCY VEH ❒	OTHER VEH ❒	EXTENT OF INJURY:

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

Note: When submitting form electronically, your initials here will serve as your electronic signature