

DRIVER

Old Dominion University Auto Loss Incident Report FORM

THIS FORM SHOULD ONLY BE PROVIDED TO THE

When an accident occurs, follow the instruction on the envelope provided in your driver compartment.
This form should be sent to Risk Management within 24 hours of the accident. DO NOT DISCUSS ACCIDENT

OLD DOMINION UNIVERSITY - OFFICE OF RISK MANAGEMENT

POLICY-
HOLDER

STREET
5255

Blvd., Ste 2501

CITY
Norfolk

STATE
VA

757-683-4300

PLACE OF
ACC

OF ACCIDENT

HOUR

AM
 PM

ZIP
23529

AX

757-683-6025

STATE

(MM #)

STATE

NAME OR OWNER OR LEASING

CITY

CLASS OF

FINANCIAL INSTITUTION

OTHER
AUTO
INVOLVED

DAMAGED AND EXTENT OF

OF OWNER

ADDRESS:

CITY

STATE

NAME OF DRIVER

ADDRESS:

STREET

CITY

YES

NO

NAME OF INSURANCE

IN YOUR AUTO

ADDRESSES:

STREET

PHYSICIAN
(No Matter
How Minor)

WERE

INJURED

OF DOCTOR

ADDRESS:

STREET

CITY

ZIP

CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS

Property owner Street City State Zip Code
 Damage of property
 Other than Auto cost of repair may property be seen?

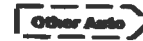
Witnesses names Addresses Street State Zip Code

what street were you driving? Direction Street or road other auto was driving on Direction
 your lights on? the other auto's lights on? traffic controls in place? whom? Limit
 Dim
 either driver give signal of any kind? intersection who entered first? had right of way?
 If yes, who?

how the accident happened. Include any special details of the collision. Attach additional sheets if needed.

Description of Accident on the diagram the position of all autos, persons, traffic controls (stop lights, stop signs, etc.) and other objects. Street Street

My Auto



Type of glass: Tinted safety type of break Cracked or pitted
 Clear Plate Bull's eye Half moon
 of breakage: Vent Door Other (describe)

Your 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?

Uncertain

Your Name Printed

is your title / position in our signature

phone number email address

NOTE: When submitting this form electronically, your initials below will serve as your electronic signature.

to (Name)

to (Address)

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