

CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS

COMMONWEALTH OF VIRGINIA

Motor Vehicle Accident Report

Vehicle Pool Number _____

Driver: Complete this form within 24 hours of the accident and email it to Risk Management at risk@edwards.com or send by fax: 757-683-6825.

City _____

Time and Place of Accident	Date of accident	Hour	Location	Street or highway	City /County	State
		A.M. P.M.				

Name of driver	Address	Street	City	State	Zip Code

Driver's Age _____ Driver's license number _____ Was license in effect at time of accident? _____

Duration of trip _____ Who gave permission? _____ When were you going when the accident happened? _____

Where were you coming from when accident happened? _____

Make of other auto	Year	Body type	Estimated cost of repairs

Describe damage to other auto _____

Other Auto Involved	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 & Policy Number or Policyholder's Name _____

Name of passengers in your auto	Addresses	Street	City	State	Zip Code

Passengers	Street	City	State	Zip Code

Names of persons injured	Addresses	Injuries	Age

Injuries _____

(No matter how minor) 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

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Name / owner	Address	Street	City	State	Zip Code
Property Damage	Kind of property				
Other than Auto	Estimated cost of repair	Where may property be seen?			
Witnesses	Names	Phone num	Street	State	Zip e

On what street were you driving? **Direction** **Speed** **Street or road other auto was driving on** **Direction** **Speed**

Did either driver give signal of any kind?	If intersection who entered first?	Who had right of way?
Y If yes, who?	N	
N		

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

Description of

Third Auto

 **Stop sign**

 **Yield sign**

 **Traffic light**

Type of glass:	Tinted	Clear	Type of break:	Cracked	Chipped or pitted
		Plate	Shattered	Bull's eye	Half moon
Location of breakage:	Front	Side	Other (describe)		

Your Auto's Glass Breakage **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 Uncertain

N

Who is your supervisor?

Your supervisor's phone number **Your signature**

is your title / position?

Your phone number **Your e-mail address**
