

Purpose: Use this form to voluntarily submit a report on a vehicle(s) crash.

Instruction: Print in ink or type. Mail the completed form to Insurance Verification Division at the above address. Keep a copy of this form for your records.

SECTION A: CRASH INFORMATION			
CRASH DATE (mm/dd/yyyy)	WAS THERE AN INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THERE A DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THERE DAMAGE TO VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
CRASH LOCATION (city/county)	STATE	ROUTE NUMBER/STREET NAME	NEAR INTERSECTION

SECTION B: VEHICLE AND CLAIMANT INFORMATION (person filing report)			
DRIVER FULL LEGAL NAME			
ADDRESS			
CITY		STATE	ZIP CODE
BIRTH DATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DRIVER LICENSE NUMBER	STATE
OWNER FULL LEGAL NAME			
ADDRESS			
CITY		STATE	ZIP CODE
BIRTH DATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DRIVER LICENSE NUMBER	STATE
VEHICLE MAKE	VEHICLE TYPE	VEHICLE YEAR	LICENSE PLATE NUMBER
			STATE

SECTION C: OTHER VEHICLE OR PEDESTRIAN INFORMATION			
DRIVER/PEDESTRIAN FULL LEGAL NAME			
ADDRESS			
CITY		STATE	ZIP CODE
BIRTH DATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DRIVER LICENSE NUMBER	STATE
OWNER FULL LEGAL NAME			
ADDRESS			
CITY		STATE	ZIP CODE
BIRTH DATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DRIVER LICENSE NUMBER	STATE
VEHICLE MAKE	VEHICLE TYPE	VEHICLE YEAR	LICENSE PLATE NUMBER
			STATE

SECTION D: REPORTING REASON (check one)	
The reason this report is being filed with the Department of Motor Vehicles:	
<input type="checkbox"/> I believe the other vehicle is uninsured. <input type="checkbox"/> Other vehicle owner unknown (pursuant to § 838.2-2206(D))	
SIGNATURE	DATE (mm/dd/yyyy)