THIS FORM SHOULD ONLY BE PROVIDED TO THE OFFICE OF RISK MANAGEMENT

GEORGE MASON UNIVERSITY
Automobile Loss Notice Form

CALL THE POLICE

When an accident occurs, follow the instruction on the envelope provided in your glove compartment.
Any questions should be referred to Mason's Office of Risk Management at 703-993-2599.

DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT RISK MANAGEMENT, DRM, OR THE POLICE.

POLICY-HOLDER

NAME				PHONE
GEORGE MASON UNIVERSITY - OFFICE OF RISK MANAGEMENT				703-993-2599
ADDRESS: STREET	CITY	STATE	ZIP CODE	FAX
4400 UNIVERSITY DRIVE, MSN 6D6	FAIRFAX	VA	22030	703-993-2339

TIME AND PLACE OF ACCIDENT

DATE OF ACCIDENT	HOUR	LOCATION STREET OR HIGHWAY	CITY	COUNTY	STATE
	☐ AM ☐ PM				

STATE AGENCY OR COMMUNITY SERVICES BOARD as insureds USE ONLY

MAKE OF AUTO	YEAR	BODY TYPE	VEHICLE IDENTIFICATION NUMBER (VIN #)	STATE VEHICLE LICENSE PLATE #

NAME OR 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	DRIVER CONTACT #:	WAS LICENSE IN EFFECT AT THE TIME OF ACCIDENT?

WAS AUTO BEING OPERATED FOR BUSINESS OR PLEASURE	WHO GAVE PERMISSION?	WHERE WAS THE DRIVER GOING TO AND COMING FROM AT TIME OF ACCIDENT?
☐ BUSINESS ☐ PLEASURE		

DESCRIBE PARTS DAMAGED AND EXTENT OF DAMAGE (NOTE: BY TERMS OF YOUR POLICY THE COMPANY MUST BE GIVEN REASONABLE OPPORTUNITY TO EXAMINE AUTO BEFORE REPAIRS ARE MADE) (IF GLASS DAMAGE, SEE SECOND PAGE)

WHERE MAY AUTO BE SEEN?	ESTIMATED COST OF REPAIRS	WHERE IS THE VEHICLE NORMALLY GARAGED? (CITY & STATE)

OTHER AUTO INVOLVED

MAKE OF AUTO	YEAR	LICENSE NUMBER	ESTIMATED COST OF REPAIRS

PARTS DAMAGED AND EXTENT OF DAMAGE

NAME OF OWNER	ADDRESS: STREET	CITY	STATE	ZIP CODE	PHONE NUMBER
NAME OF DRIVER	ADDRESS: STREET	CITY	STATE	ZIP CODE	PHONE NUMBER

IS AUTO INSURED?	NAME OF INSURANCE COMPANY
☐ YES ☐ NO	

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 PERSON INJURED	ADDRESSES:	INJURIES	AGE

IN WHICH AUTO WERE INJURED RIDING?

NAME OF DOCTOR OR HOSPITAL	ADDRESS: STREET	CITY	STATE	ZIP CODE

PROPERTY DAMAGES OTHER THAN AUTO

NAME OR OWNER

ADDRESS: STREET CITY STATE ZIP CODE

KIND OF PROPERTY

ESTIMATED COST OF REPAIR

WHERE MAY PROPERTY BE SEEN?

WITNESSES

NAMES:

ADDRESSES: STREET CITY STATE ZIP CODE

DESCRIPTION OF ACCIDENT

ON WHAT STREET OR ROAD WERE YOU DRIVING? | DIRECTION | SPEED | STREET OR ROAD OTHER AUTO WAS DRIVING ON? | DIRECTION | SPEED

WHERE YOUR LIGHTS ON?
☐ YES ☐ NO ☐ BRIGHT ☐ DIM

WERE THE OTHER AUTO'S LIGHTS ON?
☐ YES ☐ NO ☐ BRIGHT ☐ DIM

WHAT TRAFFIC CONTROLS?

FOR WHOM?

SPEED LIMIT

DID EITHER DRIVER GIVE SIGNAL OR ANY KIND?
☐ YES ☐ NO
IF YES, WHO?

IF INTERSECTION, WHO ENTERED FIRST?

WHO HAD RIGHT OF WAY?

WHICH DRIVER VIOLATED TRAFFIC ORDINANCE?

CHARGE:

DID POLICE INVESTIGATE ACCIDENT?
☐ YES ☐ NO

POLICE ADDRESS

DESCRIBE, IN YOUR OWN WORDS, HOW ACCIDENT HAPPENED:

SHOW ON THE DIAGRAM THE POSITION OF ALL AUTOS, PERSONS, STOP LIGHTS, STOP SIGNS AND OTHER OBJECTS, SHOW STREET NAMES

MY AUTO
OTHER AUTO
THIRD AUTO
PEDESTRIAN
STOP SIGN
YIELD SIGN
STOP LIGHT

GLASS BREAKAGE

NOTE: By terms of your policy, the company must be given reasonable opportunity to examine auto before repairs are made

LOCATION OF BREAKAGE
☐ DOOR ☐ VENT ☐ REAR ☐ WINDSHIELD ☐ OTHER, DESCRIBE

TYPE OF GLASS
☐ TINTED ☐ SAFETY
☐ CLEAR ☐ PLATE

TYPE OF BREAK
☐ CRACKED ☐ CHIPPED OR PITTED
☐ SHATTERED ☐ BULL'S EYE (O) ☐ HALF MOON ()

WINDSHIELD DAMAGE: CHECK ITEMS ABOVE AND MARK LOCATION OF DIAGRAM:

DO YOU THINK A CLAIM WILL BE MADE AGAINST YOU?
☐ YES ☐ NO ☐ UNCERTAIN

BY WHOM?

DATE OF REPORT

SIGNATURE