

**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 MODEL	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 MODEL	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 § 38.2-2206(D))

SECTION E: CERTIFICATION	
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.	
SIGNATURE	DATE (mm/dd/yyyy)