DMV *www.dmvNow.com*
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

VOLUNTARY REPORT OF A CRASH

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? ☐ YES ☐ NO	WAS THERE A DEATH? ☐ YES ☐ NO	WAS THERE DAMAGE TO VEHICLE? ☐ YES ☐ 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	ZIPCODE

BIRTH DATE (mm/dd/yyyy)	SEX ☐ MALE ☐ FEMALE ☐ NON-BINARY	DRIVER LICENSE NUMBER	STATE

OWNER FULL LEGAL NAME

ADDRESS	CITY	STATE	ZIPCODE

BIRTH DATE (mm/dd/yyyy)	SEX ☐ MALE ☐ FEMALE ☐ NON-BINARY	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	ZIPCODE

BIRTH DATE (mm/dd/yyyy)	SEX ☐ MALE ☐ FEMALE ☐ NON-BINARY	DRIVER LICENSE NUMBER	STATE

OWNER FULL LEGAL NAME

ADDRESS	CITY	STATE	ZIPCODE

BIRTH DATE (mm/dd/yyyy)	SEX ☐ MALE ☐ FEMALE ☐ NON-BINARY	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:

☐ I believe the other vehicle is uninsured.

☐ 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)