

CHARGE(S):  
CR:  
CD:  
GJ:

## Victim Impact Statement For Businesses *Commonwealth of Virginia*

Section 19.2-299.1 of the Code of Virginia allows crime victims to submit to the judge a statement that describes the impact of the crime(s) on the victim. This statement may be considered by the court in deciding a sentence.

Please complete all parts of this form which apply in this case. Add additional pages if necessary.

\_\_\_\_\_ Name of Business \_\_\_\_\_ Name of Defendant

### Economic Loss

#### A. Financial Loss

1. Property Loss

List the property lost as a result of this crime. This is property that has not been and is not to be recovered. (Attach any relevant receipts)

Item	Make	Model	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			<b>Total\$</b> _____

2. Property Damage

List property damage as a result of this crime. (Attach estimates/bills for repair)

Item	Make	Model	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			<b>Total\$</b> _____

3. Other Economic Losses/Costs

**Total\$** \_\_\_\_\_

**Total\$** \_\_\_\_\_

**Subtotal A: (Property Loss + Property Damage + Other)**

= Subtotal A[\_\_\_\_\_]

#### B. Reimbursement Received

1. Property Insurance (Name and address of insurance company) \_\_\_\_\_

2. Amount received from insurance **Total\$** \_\_\_\_\_

3. Restitution Received from defendant **Total\$** \_\_\_\_\_

4. Other Reimbursement(s) **Total\$** \_\_\_\_\_

**Subtotal B: (Sum of Reimbursements)**

= Subtotal B[\_\_\_\_\_]

**C. Economic Loss Not Reimbursed (Subtotal A Minus Subtotal B)** [\_\_\_\_\_]

**Additional Information**

Please provide any other information you wish the court to consider about the impact of this crime

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[ ] **NOTE: If you do not wish to make a statement please mark this box and return the form. This will enable our office to inform the probation office and the court that you do not wish to make a statement.**

Signature of person completing this form \_\_\_\_\_

Printed name of person completing this form \_\_\_\_\_

Job Title \_\_\_\_\_

Date \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Business Number: \_\_\_\_\_

***PLEASE REMIT YOUR STATEMENT TO:***

***OFFICE OF THE COMMONWEALTH'S ATTORNEY  
VICTIM WITNESS ASSISTANCE PROGRAM  
9300 WEST COURTHOUSE ROAD #102  
MANASSAS, VA 20110  
703-792-8220***