

## When You Are Involved In An Accident

1. Stay Calm and call the police: 9-1-1
2. Do not discuss the accident with anyone except the police or UMD representatives.
3. Take pictures of the accident scene and damaged vehicle(s).
4. Complete this form and give it to your supervisor or department contact along with the accident pictures.
5. Call UMD's Insurance Analyst at 301-405-3961 if you need further assistance.

## What Supervisors Should Do

1. Make sure this form is completed and sent to the Insurance Analyst within 48 hours of the accident.
2. Answer the following questions:

Will the vehicle be repaired?  Yes  No

If Yes, please contact Fleet Services at 301-405-5490 to coordinate the required repair estimates.

Do you have additional comments about the accident?

---

---

Please sign and date here to confirm that you've reviewed this form.

\_\_\_\_\_  
Signature of Supervisor or Department Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone #

## Important Contact Information

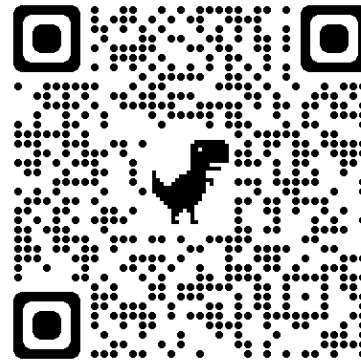
Insurance Analyst  
Environmental Safety, Sustainability & Risk  
Seneca Building #812  
4716 Pontiac Street, Suite 0103  
College Park, MD 20742

Phone: 301-405-3961

Fax: 301-314-9294

Email: [insurance@umd.edu](mailto:insurance@umd.edu)

Scan QR Code for additional information and guidance.



**If the vehicle is rented or leased from Motor Transportation Services (MTS) or is not drivable, please contact:**

Fleet Services  
0819 Severn Bldg. #810  
College Park, MD 20742-6025  
Phone: 301-405-5482  
Fax: 301-405-9387  
[mts@umd.edu](mailto:mts@umd.edu)



# Motor Vehicle Accident Reporting Form



DEPARTMENT OF  
ENVIRONMENTAL SAFETY,  
SUSTAINABILITY & RISK

**State Driver Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Your Department: \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_

**Vehicle #1: State Vehicle Information**

License Plate #: \_\_\_\_\_

Vehicle # (if applicable): \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN #: \_\_\_\_\_

Damage to Vehicle #1 \_\_\_\_\_

\_\_\_\_\_

Passengers in Vehicle #1?  Yes (List Names & Phone #)  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Accident Description**

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Location of Accident: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Authority Contacted:

University PD  Maryland State Police

PG County PD  Other: \_\_\_\_\_

Police Report #: \_\_\_\_\_

Officer's Name: \_\_\_\_\_ Badge #: \_\_\_\_\_

Were Citations Issued?  Yes  No

If yes, to whom: \_\_\_\_\_

Your Description of the accident (please sign and date):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Was anyone injured?  Yes (list names)  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vehicles or Other Property Involved**

**Vehicle #2: Other Vehicle Involved**

Were more than two (2) vehicles involved?  Yes  No

Is the other vehicle owned by the university?  Yes  No

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Damage to Vehicle: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Insurer: \_\_\_\_\_

Policy #: \_\_\_\_\_

Is the other driver the owner?  Yes  No (if no, list owner)

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

**Other Property Damaged**

Was other property damaged?  Yes (describe below)  No

\_\_\_\_\_

Owner of property: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Any witnesses?  Yes (provide name and phone #)  No

\_\_\_\_\_

\_\_\_\_\_