

State Driver Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ (Work) _____ (Home)

Email: _____

Date of Birth: _____

Driver's License #: _____ / State: _____

Your Department: _____

Your Supervisor: _____

Supervisor's Contact #: _____

Vehicle #1: State Vehicle Information

License Plate Number: _____

Vehicle Number (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: _____ a.m. p.m.

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 & Date)

_____ (Your signature) _____ (Date)

Was anyone injured? Yes (Please 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: _____

Insurance Co: _____

Policy #: _____

Is the Other Driver the Owner? Yes No (If no, please list owner)

Owner: _____

Address: _____

Other Property Damaged:

Was any other property damaged? Yes (Please list below) No

Owner of Property: _____

Address: _____

Phone #: _____

Any Witnesses? Yes (Please Include Name and Phone #) No

When You Are Involved In An Accident:

- 1. Stay calm and call the police/911.
- 2. Do not discuss the accident with anyone except the police or University of Maryland representatives.
- 3. Complete this form and give to your direct supervisor or your departmental contact.
- 4. Call the Insurance Coordinator if you need further assistance.

What Supervisors Should Do:

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

Will the vehicle be repaired? Yes No

If Yes, please obtain an estimate or contact Motor Transportation Services for assistance within 30 days of the accident.

Do you have any additional comments about this accident?

Please sign and date here to confirm that you have reviewed this form:

Signature of Supervisor or Department Contact

Date

Printed Name

Contact Number

Important Contact Information:

Insurance Coordinator
 3115 Chesapeake Bldg.
 College Park, MD 20742-3133
 Phone: 301-405-3964
 Fax: 301-314-9294
 insurance@umd.edu
 www.des.umd.edu/risk_comm

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

Motor Transportation Services (MTS)
 011 Motor Transportation Facility
 College Park, MD 20742-6311
 Phone: 301-405-5482
 Fax 301-405-9387
 www.dbs.umd.edu/motor



**WHAT TO
 DO IN CASE
 OF AN AUTO
 ACCIDENT**

Distributed by:
**Department
 of
 Environmental Safety**