

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

Scan QR Code for additional information and guidance.



If the vehicle is rented or leased from Fleet Services or is not drivable, please contact:

Fleet Services
0819 Severn Bldg. #810
College Park, MD
20742-6025 Phone:
301-405-5482
fleetservices@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
