**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 #

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**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.

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**Motor Vehicle Accident Reporting Form**

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
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

__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________