

Accident Guide

In the case of an accident:

- Review and follow the guidelines outlined below.
- Contact The Office of Risk Management to report the accident: UMBRiskManagement@umaryland.edu
- Complete the following 5 sections of this form to document important information pertaining to the accident.

Completed forms must be submitted to UMB Risk Management within 24 hours of the accident.

Office of Risk Management
220 N. Arch Street, 14th Floor
Baltimore, MD 21201
410-706-4781
UMBRiskManagement@umaryland.edu

What to do when involved in an accident:

- Turn off ignition.
- Seek any necessary medical attention.
- Call local law enforcement authorities and request completion of an accident report.
- Protect yourself and the scene of the accident.
- Turn emergency flashers on and use any safety equipment available.
- Get the vehicle information, name, address and phone number of the other party and any witnesses.
- Record the insurance carrier of the other party, policy number, claims adjuster's name, address and phone number.
- Take photos of the entire scene, damaged vehicles and property (all angles), skid marks and people involved.
- Report the accident immediately to UMBRiskManagement@umaryland.edu

Do Not:

- Move injured people unless absolutely necessary.
- Admit fault or apologize.
- Drive your vehicle if you feel it is unsafe.

1 Your Vehicle

Your name

Phone (H)

Phone (W)

Home Address

City

State

Zip code

Driver's license #

Make and model of car

Color

Year

License plate #

Vehicle ID # (VIN)

Damaged area

Prior vehicle defects (Y/N)

Unit #

Asset ID #

2 Other Vehicle

Owner name

Phone (H)

Phone (W)

Driver name

Phone (H)

Phone (W)

Home address

City

State

Zip code

Driver's license #

Make and model of car

Color

Year

License plate #

Vehicle ID # (VIN)

Damaged area

Insurance company

Policy #

Agent's name

Phone

Address

City

State

Zip code

3 Accident Description

Incident Type

- Between vehicles
- Between vehicle and person
- Between vehicle and animal
- Between vehicle and object
- Theft
- Vandalism
- Other

Date	Time
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Accident location

City	State
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Intersection

Speed Limit	Driving Speed
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Police called?

- Yes No

Department Name

Badge #	Report #
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Citation #	Citation Type
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Officer name

Description of Accident

4 Accident Conditions Report

Air bag deployed

- None
- Driver side
- Passenger side
- Both sides
- Other

Road type

- Client property
- Limited access
- Rural roadway
- Home-off road
- Parked
- Urban roadway
- Interstate
- Loading or unloading area
- One way
- Intersection
- Parking lot

Road conditions

- Debris
- Dry
- Holes or rut
- Ice or snow
- Muddy
- Oily
- Under repair
- Wet

Traffic conditions

- Congested
- Normal
- Light
- Stop and go

Traffic controls

- Audible signal
- Caution: yellow light
- Merge
- Officer or flagman
- Crosswalk
- Railroad crossing
- Stop sign
- Traffic light
- Yield
- None

Weather

- Clear
- Overcast
- Flooding
- Fog
- Snow, Ice or freezing rain
- Hail or rain
- Hurricane or tornado

Lighting

- Artificial
- Night
- Dawn or dusk
- Day

Travel directions

- Being passed
- Moving forward
- Parking or parked
- Passing
- Pulling to or from curb
- Reversing
- Sitting in traffic
- Stationary
- Stopping or stopped
- Turning left or right

Journey purpose

- Business
- Personal
- To or from work
- Not applicable

Driver disposition

- Alcohol or drug influence
- Fatigue or sleep
- Medical problem
- Handicapable
- None
- Stress

Occupants

- Client or customer
- Employer, colleague or partner
- Friend, family or spouse
- None
- Other

Avoidance maneuver

- Skidded
- Swerved: animal
- Swerved: bicyclist
- Swerved: object
- Swerved: vehicle or motorcycle
- None

5 Individuals Involved

Witness 1

- Passenger – your car
- Passenger – other car
- Uninvolved witness

Name	Age	Phone
Home address		
City	State	Zip code
Injury description (if any)		
Where taken		

Comments

Witness 2

- Passenger – your car
- Passenger – other car
- Uninvolved witness

Name	Age	Phone
Home address		
City	State	Zip code
Injury description (if any)		
Where taken		

Comments

6. University Contact Information

Primary University Contact _____
Name Phone Email

Primary Contacts Supervisor _____
Name Phone Email

Preferred Repair Facility _____

Address _____

Phone _____

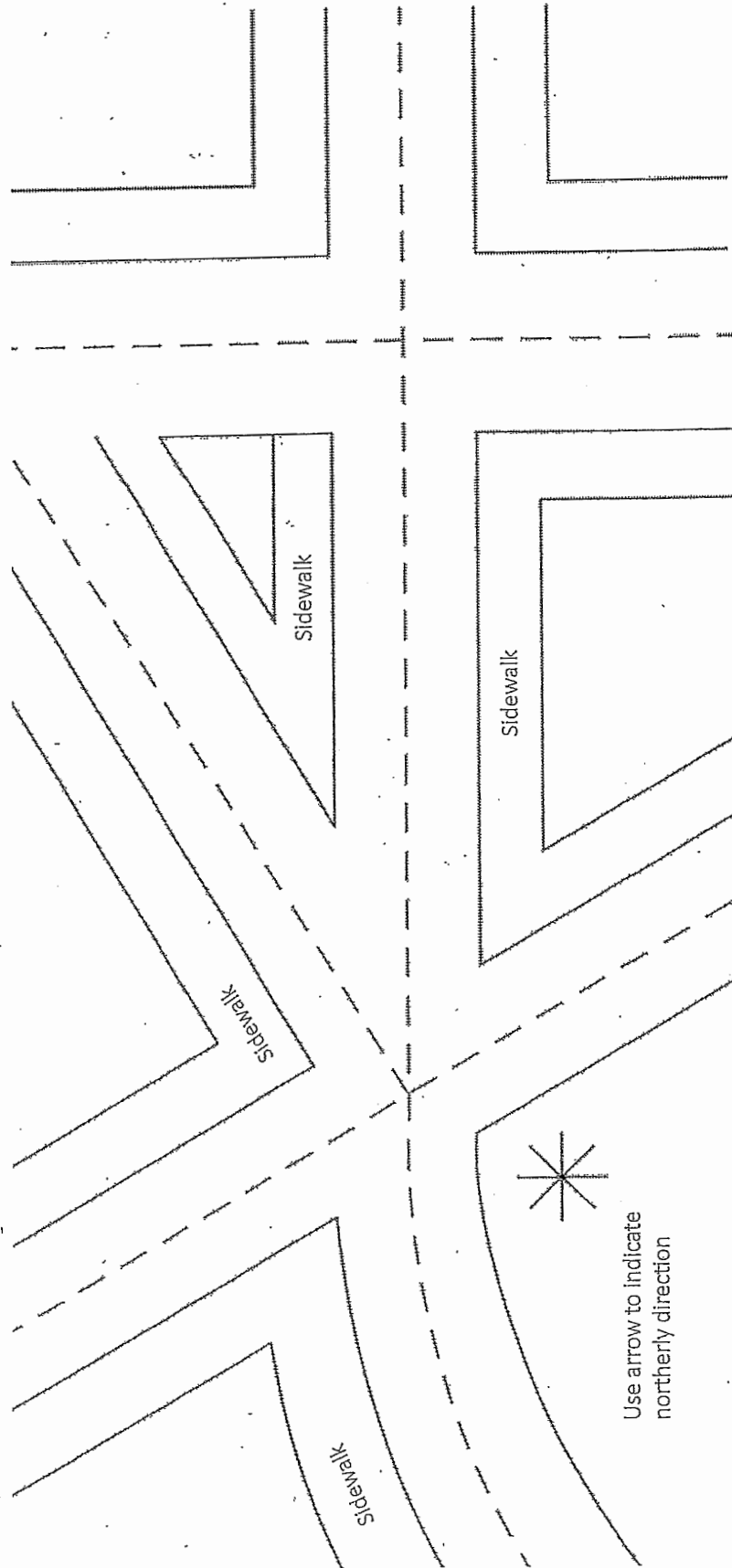
Alternate Repair Facility _____

Address _____

Phone _____

Other Important Information _____

Please Diagram the Accident



Please Diagram the Accident

