

PLEASE PRINT ALL INFORMATION

Date of Accident: _____ Time: _____ a.m. p.m. Location: _____
Authority Contacted: " University of Maryland Police " Maryland State Police " Prince George's County Police " Other (Specify) _____
Police Report Number: _____ Officer's Name: _____ Badge Number: _____ Citation: " Yes " No Citation No. _____

Veh. #1
Year of State Vehicle: _____ Make: _____ Model: _____ License Plate Number: _____ Veh No. _____ State: _____
VIN #: _____ Body Type: ' TRUCK ' VAN ' CAR ' BUS ' CYCLE ' OTHER _____ State _____
Driver's Name and Address: _____

Business and Home Phone Numbers: (B) _____ (H) _____
Driver's License #: _____ State: _____ University Department: _____ Purpose of Use: ' Work Related ' Permission ' (Y) ' (N) _____
Date of Birth: _____ Describe Damage: _____ Name, _____
Address and Phone Number of Occupants: _____

Veh. #2:
Name of Driver, Address and Phone Number (Business and Home): _____
Make of Vehicle: _____ License Plate No.: _____ State: _____ Insurance Company: _____ Policy No.: _____ Year and _____
Owner's Name, Address and Phone Number: _____
Describe Damage: _____
Description of Accident: _____

Was University Property Damaged Other Than Vehicle? " Yes " No Describe Damage: _____
Witnesses: (Name, Address and Phone Number) _____
Injured: (Name, Address and Phone Number) _____

ACCIDENT REVIEWED BY SUPERVISOR

I have reviewed this accident with the driver involved and have the following additional comments:

Was this accident preventable by the State Driver? " Yes " No

Supervisor's Signature Date

State Driver's Signature Date