

# Accident Guide

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## In the case of an accident:

- Review and follow the guidelines outlined below.
- Contact EHS Risk Management to report the accident: [EHSRiskManagement@umaryland.edu](mailto:EHSRiskManagement@umaryland.edu)
- Complete the following 5 sections of this form to document important information pertaining to the accident.

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

Environmental Health & Safety  
Risk Management Division  
714 W. Lombard Street  
Baltimore, MD 21201  
410-706-7055  
[EHSRiskManagement@umaryland.edu](mailto:EHSRiskManagement@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 [EHSRiskManagement@umaryland.edu](mailto:EHSRiskManagement@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

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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
Accident location	
City	State
Intersection	
Speed Limit	Driving Speed

Police called?

- Yes     No

Department Name	
Badge #	Report #
Citation #	Citation Type
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
- Handicapped
- 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 \_\_\_\_\_

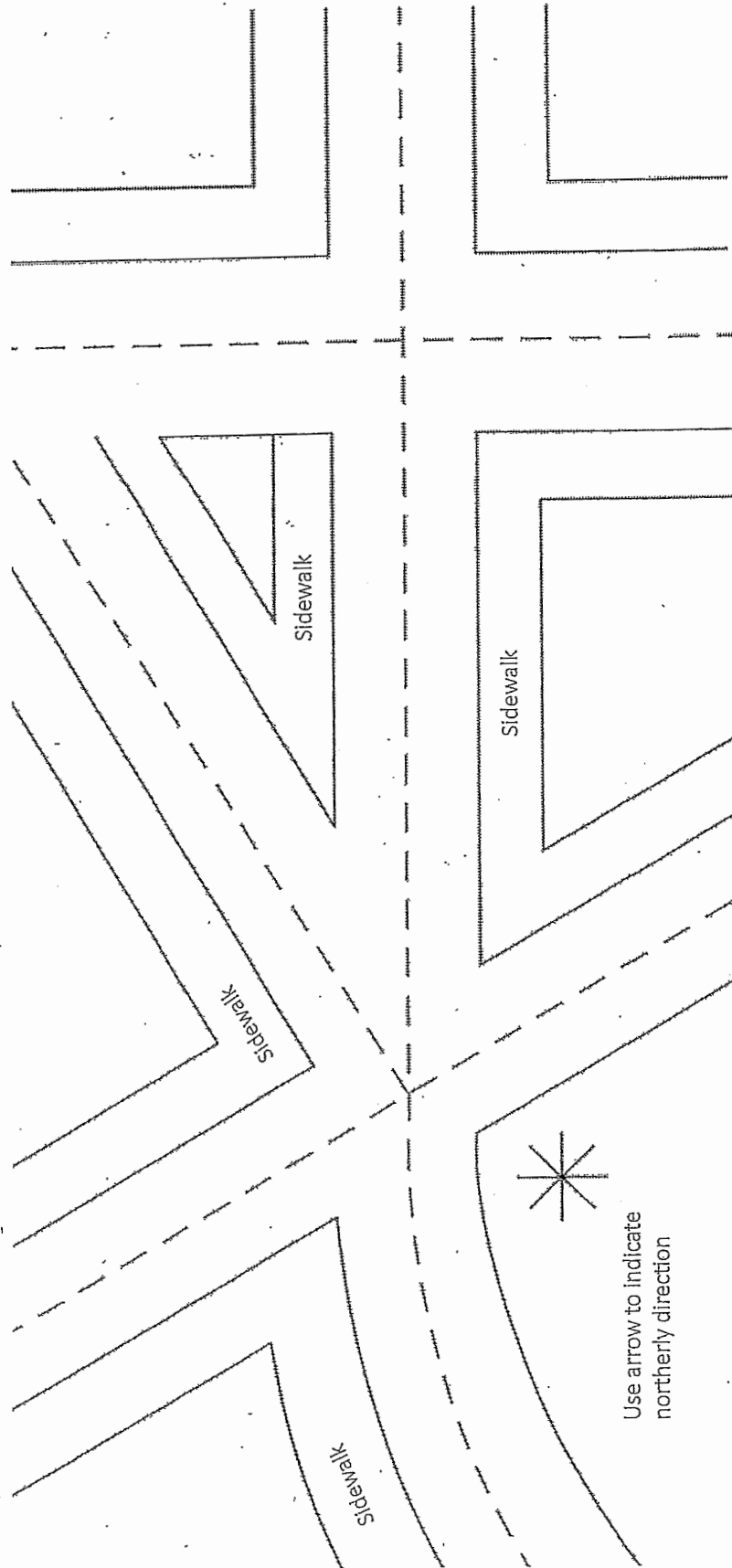
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# Please Diagram the Accident





Please Diagram the Accident

