**UNIVERSITY of MARYLAND, BALTIMORE**

**VEHICLE INFORMATION**

Vehicle owner: University of Maryland, Baltimore  
Insured by: State of Maryland is Self-Insured  
Insurance Policy: State of Maryland Auto Fleet Policy  
Effective Dates: July 1, 1988 – continuous

Any party interested in submitting a claim for damages caused by a University-owned vehicle should contact:

University of Maryland, Baltimore  
Office of Risk Management  
220 N. Arch Street, 14th Floor  
Baltimore, Maryland 21201  
Phone: (410) 706 - 4781  
Fax: (410) 706 - 0954

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**ACCIDENT COURTESY NOTICE**

Dear Sir or Madam:

The vehicle listed below has been involved in an accident with your vehicle/property. The operator was unable to locate you as the owner; therefore, if you need additional information, or wish to submit a claim, please contact the Office of Risk Management at (410) 706-4781 (M-F 8am - 4pm) or email UMBRiskManagement@umaryland.edu.

**Date of incident:** _____________________________  **Time:** ______________

**Operator’s Name:** ________________________________________________

**Make:** ___________ **Model:** ___________ **Year:** _____ **Tag #:** ___________