

DRIVER'S INFORMATION

Date of Accident: _____

Time: _____

Place of Accident: _____

Drivers Name: _____

Address: _____

Phone Number: _____

Vehicle/ Make/ Model _____

Tag#/ State: _____

CLAIMMANT INFORMATION

Driver: _____

Address: _____

Phone Number: _____

Vehicle/ Make/ Model _____

Insurance Carrier: _____

Policy Number: _____

POLICE INFORMATION

Department: _____

Department Phone: _____

Investigation Officer: _____

Report Number: _____

INJURED PERSONS

Name: _____ Age: _____

Address: _____

Phone Number: _____

Nature of Injury: _____

Name: _____ Age: _____

Address: _____

Phone Number: _____

Nature of Injury: _____

DAMAGE TO PROPERTY OF OTHERS

Owner: _____

Address: _____

Describe Damages: _____

WITNESSES

Name: _____

Address: _____

Report Number: _____

Description of Accident

The DO'S and DON'Ts after an accident.

- STOP Immediately! Keep Calm. Secure your vehicle
- Warn on-coming traffic with emergency equipment.
- Check all passengers for injuries.
- Call 911 for police and ambulance.
- Do not argue, accuse, blame, make any admissions or apologize for accident.
- Help the injured. Do not render first aid unless you are trained.
- Complete all information on this Form, report to Department that controls the vehicle.
- Call rental companies 1-800 number on contract if rental
- Use motor club to tow vehicle, find card in vehicle notebook.
- Call your immediate supervisor, and destination with details.
- **Do not talk to the media, refer them to University Relations at 410-617-2412**

SKETCH

Show the cars at the time of the accident.

DAMAGES TO VEHICLE

Signature

Print Name

Date



LOYOLA
UNIVERSITY MARYLAND

VEHICLE ACCIDENT & DAMAGE REPORTING FORM

Maryland Insurance ID Card

Travelers Indemnity Company
(Travelers)

POLICY NUMBER

BA-9W369611-25-14

YEAR MAKE/MODEL

ANY OWNED, NON-OWNED, HIRED OR LEASED

AGENCY/ COMPANY ISSUING CARD

MARSH USA
3 Logan Square
1717 Arch Street Ste. 1100
Philadelphia, PA 19103