

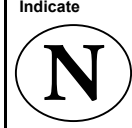
# VEHICLE ACCIDENT OR DAMAGE REPORT

**IMPORTANT INSTRUCTIONS**

This form must be completed for all damage or injury involving county vehicles within 24 hours. Enter the information into STARSWeb. Place the STARS claim number on the top right hand corner of page two. FAX both to Risk Management at (410) 222-7640. Forward the original form to Risk Management at MS 9303.

PLEASE PRINT OR TYPE

**Anne Arundel County, MD**

SECTION 1 COUNTY VEHICLE #1	EMPLOYEE'S FIRST NAME MIDDLE LAST NAME			JOB TITLE		DATE OF BIRTH		HOME PHONE			
	EMPLOYEE'S STREET ADDRESS			CITY		STATE		ZIP		WORK PHONE	EXT
	DEPT/SUB-DEPT/SECTION IDENTIFICATION				DEPT CODE		COUNTY VEHICLE NUMBER		TAG NUMBER		
	DRIVER LICENSE NUMBER			CLASS	EXPIRES	STATE		SOCIAL SECURITY NUMBER			
	IS VEHICLE DRIVABLE? Yes No		DRIVEN FROM SCENE? Yes No		INVESTIGATED BY: County State or City Police			REPORT NUMBER			
	VEHICLE MAKE			VEHICLE MODEL			YEAR		WERE SEATBELTS BEING WORN? Yes No		
	DESCRIPTION OF VEHICLE DAMAGE (Extent and Location)				WAS DRIVER INJURED? If Yes, describe:		Yes No				
	ON DUTY? Yes No		RESPONDING TO EMERGENCY? Yes No			WERE LIGHTS & SIREN ACTIVATED? Yes No					
	PASSENGERS IN COUNTY VEHICLE	NAME(S) OF PASSENGERS		PHONE	ADDRESS			INJURIES		AGE	
SECTION 2 OTHER VEHICLE #2	VEHICLE MAKE		YEAR	TAG NUMBER		IS VEHICLE DRIVABLE? Yes No		DRIVEN FROM SCENE? Yes No			
	NAME OF DRIVER		STREET ADDRESS			CITY		STATE	ZIP	PHONE NUMBER	
	NAME OF OWNER		STREET ADDRESS			CITY		STATE	ZIP	PHONE NUMBER	
	DESCRIPTION OF VEHICLE DAMAGE (Extent and Location)				WAS DRIVER INJURED? If Yes, describe:		Yes No				
	PASSENGERS IN OTHER VEHICLE	NAME(S) OF PASSENGERS		PHONE	ADDRESS			INJURIES		AGE	
INSURANCE COMPANY NAME			AGENT'S NAME		AGENT'S PHONE NUMBER		INSURANCE POLICY NUMBER				
SECTION 3	3 OR MORE VEHICLES		Complete Section 2 on additional Vehicle Accident or Damage Report Forms								
	DAMAGE TO PROPERTY OTHER THAN AUTO		NAME OF OWNER		STREET ADDRESS		CITY		STATE	ZIP	PHONE NUMBER
			KIND OF PROPERTY		EXTENT AND TYPE OF DAMAGE						
	INDEPENDENT WITNESS		NAME		STREET ADDRESS		CITY		STATE	ZIP	PHONE NUMBER
NAME			STREET ADDRESS		CITY		STATE	ZIP	PHONE NUMBER		
SECTION 4 DETAILED DESCRIPTION OF ACCIDENT	ACCIDENT DATE	HOUR	WEATHER		LOCATION OF ACCIDENT - STREET OR HIGHWAY			CITY			
	ACCIDENT DIAGRAM	Show & Label: Roads, Traffic Units, the Travel Direction		North: Indicate		DESCRIBE ACCIDENT briefly: identify units by numbers. Also identify other OBJECTS DAMAGED & NATURE OF DAMAGE (Property other than vehicles)					
											
	DATE OF THIS REPORT		EMPLOYEE SIGNATURE								

Index Code 1503 Appendix B  
04-13-07

