State of Maryland Motor Vehicle Accident Report

REPORT NO. 1: 06695526 | PAGE OF 2 | ACCIDENT DATE 3 | ACCIDENT TIME 4 | REPORT TYPE 5: ☐ FATAL ☐ INJURY ☐ PDO ☐ HIT & RUN ☐ NON-TRAFFIC | RESEARCH 6 | LOCAL CASE NUMBER 7 | LOCAL CODES 8 | PHOT ☐ N ☐ YE

INVESTIGATING OFFICER ID 10 | AGENCY AND AREA 11 | SUPERVISING OFFICER ID 12 | REVIEWER ID # 13 | CODE – AND – NAME OF MUNICIPALITY 14 | COU

RD CHAR 16 | RTE NUM Accident Occurred On 17: 0 | ROAD NAME 18 | IN LANE 19 | TRAF SIG 20 ☐ NO ☐ YES | ON RAMP 21 ☐ NO ☐ YES | Ramp Number (Direction) 1 N–W 2 W–N 3 E–N 4 N–E 5 S–E 6 E–S 7 W–S 8 S–W 9 Other 22 | 0–Not Ramp | IN INTERSEC ☐ NO ☐ YES

RD COND 24 | INT-RTE 25: 0 | INTERSECTING ROAD NAME or Log Mile Reference Manual description. 26 | MILEPT 27 | DIR 28 | Dist. of Acc fr INT–RTE/Ref. & Dir. ☐ Ft ☐ Mi

RD DIV 30 | SEP COND 34 | CM ZONE 35 ☐ NO ☐ YES | JUNCT'N 36 | EVENT-1 37 | EVENT-2 38 | FIX OBJ 39 | COLL TY 40 | LIGHT 41 | WEATHER 42

ACCIDENT DIAGRAM — Show & Label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units. 31 | NORTH: 32 N

DESCRIBE ACCIDENT briefly: identify units by numbers. Also identify the following
a) the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicles) and
b) the NAME & ADDRESS OF OWNER when applicable.

UNIT 01

UNIT # 43: 0 1 | NAME (First, Middle, Last) 44 | SEX 45 | TYPE OF UNIT 46 ☐ DRIVER ☐ "PED" | ADDRESS (No., Street, City, State, Zip) TEL ☐ Work ☐ Res 47 | INJ 48 | EMS 49

MOVEMENT 50 | CONDITN 51 | SUBST 52 | TEST 53 | RESULT 54 | FOR PEDS ONLY | AGE 55: 0 | TYPE 56 | LOCAT'N 57 | OBEY 58 | VISIBL 59

SPEED LIMIT 60 | SAF. EQU 61 | EQ PROB 62 | EJECT 63 | CITATION NUMBER (S) 64 | FAULT 65 ☐ NO ☐ YES

GOING 66 | DRIVER'S LICENSE NUMBER 67 | STATE 68 | CLASS 69

CONTINU 70 | DR DATE OF BIRTH 71 | IRREGULAR CONDITION 72 ☐ PARKED ☐ CAUGHT FIRE ☐ HIT & RUN ☐ DRIVERLESS | HM SPILL 73 ☐ N ☐ Y | HAZ MAT NUMBER 74

BODY TY 75 | COMMER. VEHICLE ONLY | U. S. DOT NUMBER 76 | ICC NUMBER 77 | BODY TY 78 | COLI 79 ☐ NO ☐ YES

MOST HE 80 | OWNER OR CARRIER NAME (Write "SAME" if Driver) TEL ☐ Work ☐ Res 81

CONTRIB CIRCUM-STANCES 82-1 | OWNER / CARRIER ADDRESS 83 | TOWED VEH (S) 84

82-2 | YEAR & MAKE OF VEHICLE 85 | MODEL 86 | 1st IMPACT PT. 87 | MAIN IMPACT 88

82-3 | EXP YR & REGISTR # STATE 89 | AREAS DAMAGED 90 | INSURER 91

82-4 | VEHICLE ID NUMBER 92 | POLICY NUMBER 93

DAM EXT 94 | VEHICLE REMOVED BY 95 | VEHICLE REMOVED TO 96

UNIT 02

UNIT # 43: 0 2 | NAME (First, Middle, Last) 44 | SEX 45 | TYPE OF UNIT 46 ☐ DRIVER ☐ "PED" | ADDRESS (No., Street, City, State, Zip) TEL ☐ Work ☐ Res 47 | INJ 48 | EMS 49

MOVEMENT 50 | CONDITN 51 | SUBST 52 | TEST 53 | RESULT 54 | FOR PEDS ONLY | AGE 55: 0 | TYPE 56 | LOCAT'N 57 | OBEY 58

SPEED LIMIT 60 | SAF. EQU 61 | EQ PROB 62 | EJECT 63 | CITATION NUMBER (S) 64

GOING 66 | DRIVER'S LICENSE NUMBER 67 | STATE 68

CONTINU 70 | DR DATE OF BIRTH 71 | IRREGULAR CONDITION 72 ☐ PARKED ☐ CAUGHT FIRE ☐ HIT & RUN ☐ DRIVERLESS | HM SPILL 73 ☐ N ☐ Y | HAZ MAT NUMBER

BODY TY 75 | COMMER. VEHICLE ONLY | U. S. DOT NUMBER 76 | ICC NUMBER 77 | BODY TY 78

MOST HE 80 | OWNER OR CARRIER NAME (Write "SAME" if Driver) TEL ☐ Work ☐ Res

CONTRIB CIRCUM-STANCES 82-1 | OWNER / CARRIER ADDRESS | TOWED VEH (S)

82-2 | YEAR & MAKE OF VEHICLE 85 | MODEL 86 | 1st IMPACT PT. 87 | MAIN IMPACT 88

82-3 | EXP YR & REGISTR # STATE 89 | AREAS DAMAGED 90 | INSURER

82-4 | VEHICLE ID NUMBER 92 | POLICY NUMBER

DAM EXT 94 | VEHICLE REMOVED BY 95 | VEHICLE REMOVED TO

PASSENGERS

TRAFFIC UNIT #	SEATING POSITION	CODE all injured & uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of Injured Passengers and Witnesses. Witness telephone #.	SEX	AGE	SAFETY EQUIP	EQUIP PROB	INJUR SEVER	EJEC-TION
97	98	99	100	101	102	103	104	105
				0				
				0				
				0				
				0				
				0				
				0				

E UNIT M A S 107 | INJURED TAKEN BY: 108 | INJURED TAKEN TO: 109 | EMS RUN REPORT # 110

E UNIT M B S 107 | INJURED TAKEN BY: 108 | INJURED TAKEN TO: 109 | EMS RUN REPORT #