State of Maryland Motor Vehicle Accident Report

REPORT NO. 1	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	PHOTOS? 9 ☐ NO ☐ YES
06698909								

INVESTIGATING OFFICER ID 10	AGENCY AND AREA 11	SUPERVISING OFFICER ID 12	REVIEWER ID # 13	CODE AND NAME OF MUNICIPALITY 14	COUNTY 15

RD CHAR 16	RTE NUM Accident Occurred On 17	ROAD NAME 18	IN LANE 19	TRAF SIG ☐ NO 20 ☐ YES	ON RAMP ☐ NO 21 ☐ 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 0-Not Ramp 22	IN INTERSECTION ☐ NO 23 ☐ YES
RD COND 24	INT-RTE 25	INTERSECTING ROAD NAME or Log Mile Reference Manual description. 26	MILEPT 27	DIR 28	Dist. of Acc fr INT-RTE/Ref. & Dir. 29 ☐ Ft ☐ Mi		

RD DIV 30

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. 33

SRF COND 34

C/M ZONE 35 ☐ NO ☐ YES

JUNCT'N 36

EVENT-1 37

EVENT-2 38

FIX OBJ 39

COLL. TY 40

LIGHT 41

WEATHER 42

UNIT # 43	NAME (First, Middle, Last) 44	SEX 45	UNIT # 43	NAME (First, Middle, Last) 44	SEX 45
01			02		
TYPE OF UNIT 46 ☐ DRIVER ☐ "PED"	ADDRESS (No., Street, City, State, Zip) TEL ☐ Work ☐ Res 47	INJ 48 / EMS 49	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	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 ☐ NO 65 ☐ 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	CDL? ☐ NO 79 ☐ 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 # 43	NAME (First, Middle, Last) 44	SEX 45	UNIT # 43	NAME (First, Middle, Last) 44	SEX 45
01			02		
TYPE OF UNIT 46 ☐ DRIVER ☐ "PED"	ADDRESS (No., Street, City, State, Zip) TEL ☐ Work ☐ Res 47	INJ 48 / EMS 49	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	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 ☐ NO 65 ☐ 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	CDL? ☐ NO 79 ☐ 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								

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	EMS UNIT
97	98	99	100	101	102	103	104	105	106

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

MSP FORM #1 (1/93)

MSP - CENTRAL RECORDS DIVISION COPY