


State of Maryland Motor Vehicle Accident Report

REPORT NO. 08998133	PAGE OF 2	ACCIDENT DATE 3	ACCIDENT TIME 4	REPORT TYPE FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PDO <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC <input type="checkbox"/>	RESEARCH 6	LOCAL CASE NUMBER 7	LOCAL CODES 8	PHOTOS <input type="checkbox"/> NO <input type="checkbox"/> YES 9													
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 20	ON RAMP <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 21	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			IN INTERSECTION <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 23												
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. <input type="checkbox"/> Ft <input type="checkbox"/> Mi		29												
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.	NORTH: 31		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 <input type="checkbox"/> NO <input type="checkbox"/> YES 35	JUNCT'N 36	EVENT-1 37	EVENT-2 38	FIX OBJ 39	COLL TY 40	LIGHT 41	WEATHER 42													
UNIT # 01	NAME (First, Middle, Last) 44			SEX 45	UNIT # 02	NAME (First, Middle, Last) 44			SEX 45												
TYPE OF UNIT <input type="checkbox"/> DRIVER <input type="checkbox"/> "PED"	ADDRESS (No., Street, City, State, Zip) 47			TEL <input type="checkbox"/> Work <input type="checkbox"/> Res	INJ 48	ADDRESS (No., Street, City, State, Zip) 47			TEL <input type="checkbox"/> Work <input type="checkbox"/> Res	INJ 48											
MOVEMENT 50	CONDITN 51	SUBST 52	TEST 53	RESULT 54	FOR PEDA ONLY 55	AGE 55	TYPE 56	LOCAT'N 57	OBEY 58	VISIBL 59	MOVEMENT 50	CONDITN 51	SUBST 52	TEST 53	RESULT 54	FOR PEDA ONLY 55	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 65	SPEED LIMIT 60	SAF. EQU 61	EQ PROB 62	EJECT 63	CITATION NUMBER(S) 64		FAULT <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 65									
GOING 66	DRIVER'S LICENSE NUMBER 67			STATE 68	CLASS 69	GOING 66	DRIVER'S LICENSE NUMBER 67			STATE 68	CLASS 69										
CONTINU 70	DR DATE OF BIRTH 71	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> HIT & RUN <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> DRIVERLESS 72	HM SPILL <input type="checkbox"/> N <input type="checkbox"/> Y 73	HAZ MAT NUMBER 74	CONTINU 70	DR DATE OF BIRTH 71	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> HIT & RUN <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> DRIVERLESS 72	HM SPILL <input type="checkbox"/> N <input type="checkbox"/> Y 73	HAZ MAT NUMBER 74												
BODY TY 75	COMMER. VEHICLE ONLY	U. S. DOT NUMBER 76	ICC NUMBER 77	BODY TY 78	CDL? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 79	BODY TY 75	COMMER. VEHICLE ONLY	U. S. DOT NUMBER 76	ICC NUMBER 77	BODY TY 78	CDL? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 79										
MOST HE 80	OWNER OR CARRIER NAME (Write "SAME" if Driver) 81			TEL <input type="checkbox"/> Work <input type="checkbox"/> Res	MOST HE 80	OWNER OR CARRIER NAME (Write "SAME" if Driver) 81			TEL <input type="checkbox"/> Work <input type="checkbox"/> Res												
CONTRIB CIRCUMSTANCES 82-1	OWNER/CARRIER ADDRESS 83			CONTRIB CIRCUMSTANCES 82-1	OWNER/CARRIER ADDRESS 83	CONTRIB CIRCUMSTANCES 82-1	OWNER/CARRIER ADDRESS 83			CONTRIB CIRCUMSTANCES 82-1											
82-2	YEAR & MAKE OF VEHICLE 85	MODEL 86	TOWED VEH (S) 84	1st IMPACT PT. 87	MAIN IMPACT 88	82-2	YEAR & MAKE OF VEHICLE 85	MODEL 86	TOWED VEH (S) 84	1st IMPACT PT. 87	MAIN IMPACT 88										
82-3	EXP YR & REGISTR # STATE 89	AREAS DAMAGED 90	INSURER 91	82-3	EXP YR & REGISTR # STATE 89	AREAS DAMAGED 90	INSURER 91														
82-4	VEHICLE ID NUMBER 92	POLICY NUMBER 93	82-4	VEHICLE ID NUMBER 92	POLICY NUMBER 93																
DAM EXT 94	VEHICLE REMOVED BY 95	VEHICLE REMOVED TO 96	DAM EXT 94	VEHICLE REMOVED BY 95	VEHICLE REMOVED TO 96																
TRAFFIC UNIT # 97	SEATING POSITION 98	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 #. 99	SEX 100	AGE 101	SAFETY EQUIP 102	EQUIP PROB. 103	INJUR SEVER 104	EJECT-ION 105	EMS UNIT 106											
E UNIT M S A	INJURED TAKEN BY: 108	INJURED TAKEN TO: 109	EMS RUN REPORT # 110	E UNIT M S B	INJURED TAKEN BY: 108	INJURED TAKEN TO: 109	EMS RUN REPORT # 110														