

State of Maryland Motor Vehicle Accident Report

REPORT NO. 08918385		PAGE OF 1	ACCIDENT DATE 11 08 14 10 6	ACCIDENT TIME 11 28	REPORT TYPE <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PDO <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC	RESEARCH	PHOTOS? <input type="checkbox"/> NO <input type="checkbox"/> YES														
INVESTIGATING OFFICER ID	AGENCY AND AREA	SUPERVISING OFFICER ID	REVIEWER ID#	CODE - AND - NAME OF MUNICIPALITY	COUNTY	04															
RD CHAR 0.1	RTE NUM Accident Occurred On MD 100021	ROAD NAME Solomon Island Rd	IN LANE N	TRAF SIG <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	ON RAMP <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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	IN INTERSECTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES														
RD COND 0.1	INT-RTE CD 00040	INTERSECTING ROAD NAME or Log Mile Reference Manual description. GROVES TURN Rd	MILEPT 31.39	DIR N	Dist. of Acc fr INT-RTE/Ref. & Dir. 1.00	<input type="checkbox"/> FT <input type="checkbox"/> MI <input checked="" type="checkbox"/>															
RD DIV 0.1	ACCIDENT DIAGRAM	Show & Label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units.	NORTH: Not to scale	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.																	
SRF COND 0.2			Veh # 1 was east on Groves Turn Rd and stop at Solomon Island Rd. Veh # 1 attempted to cross RT 2. Veh # 2 was south on Solomon IS. Rd. Veh # 1 failed to yield to Veh # 2. Both vehicles struck each other in the intersection.																		
JUNCT'N 0.2																					
EVENT-1 0.1																					
EVENT-2 0.9																					
FIX OBJ 0.6																					
COLL TY 1																					
LIGHT 0.1																					
WEATHER 0.1																					
UNIT # 0.1	NAME (First, Middle, Last)	SEX 0.1	UNIT # 0.2	NAME (First, Middle, Last)	SEX 0.2																
TYPE OF UNIT <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> "PED"	ADDRESS (No., Street, City, State, Zip)	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res	TYPE OF UNIT <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> "PED"	ADDRESS (No., Street, City, State, Zip)	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res																
MOVEMENT	CONDITN	SUBST	TEST	RESULT	FOR	AGE	TYPE	LOCAT'N	OBEY	VISIBL	MOVEMENT	CONDITN	SUBST	TEST	RESULT	FOR	AGE	TYPE	LOCAT'N	OBEY	VISIBL
0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
SPEED LIMIT 30	SAF. EQU 13	EQ PROB 0	EJECT 0	CITATION NUMBER (S)	64	FAULT <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	65	66	67	68	SPEED LIMIT 50	SAF. EQU 13	EQ PROB 0	EJECT 0	CITATION NUMBER (S)	64	FAULT <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	65	66	67	68
GOING	DRIVER'S LICENSE NUMBER	STATE	CLASS	GOING	DRIVER'S LICENSE NUMBER	STATE	CLASS														
0.3	MD	C	0.2	MD	C																
CONTINU 0.3	DR DATE OF BIRTH	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> N <input type="checkbox"/> Y	HAZ MAT NUMBER	CONTINU 0.2	DR DATE OF BIRTH	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> N <input type="checkbox"/> Y	HAZ MAT NUMBER														
0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2														
BODY TY 0.2	COMMER. <input type="checkbox"/> VEHICLE ONLY <input checked="" type="checkbox"/>	U. S. DOT NUMBER	ICC NUMBER	BODY TY 0.2	COMMER. <input type="checkbox"/> VEHICLE ONLY <input checked="" type="checkbox"/>	U. S. DOT NUMBER	ICC NUMBER														
0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1														
MOST HE 0.1	OWNER OR CARRIER NAME (Write "SAME" if Driver)	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res	81	MOST HE 0.1	OWNER OR CARRIER NAME (Write "SAME" if Driver)	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res	81														
0.1	SAME			0.1	SAME																
CONTRIB CIRCUMSTANCES 1	OWNER/CARRIER ADDRESS	83	84	CONTRIB CIRCUMSTANCES 1	OWNER/CARRIER ADDRESS	83	84														
0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1														
82-2 YEAR & MAKE OF VEHICLE 0.1	MODEL 0.1	85	86	82-2 YEAR & MAKE OF VEHICLE 0.1	MODEL 0.1	85	86														
0.1	99 CADT	4D	0.1	0.1	9.5 Jeds	cutlass	0.1														
82-3 EXP YR. & REGISTR # STATE 0.0	AREAS DAMAGED 0.0	89	90	82-3 EXP YR. & REGISTR # STATE 0.0	AREAS DAMAGED 0.0	89	90														
0.0	MD 0102117			0.0	MD 0102117																
82-4 VEHICLE ID NUMBER 0.0	92																				
0.0																					
DAM EXT 0.4	chips	chips lot	0.3	chips	chips lot																
TRAFFIC UNIT # 0.2	SEATING POSITION 0.3	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	EJECT ION	EMS UNIT							
0.2	0.3							0.1	0.18	1.30	0.1	0.1	0.1	0.1							
0.2	0.4							0													
								0.1	0.25	1.30	0.1	0.1	0.1								
								0													
								0													
								0													
								0													
E UNIT M 107	INJURED TAKEN BY: 108	INJURED TAKEN TO: 109	EMS RUN REPORT # 110	E UNIT M 107	INJURED TAKEN BY: 108	INJURED TAKEN TO: 109	EMS RUN REPORT # 110														