

State of Maryland Motor Vehicle Accident Report

Report No. 11095412	Page of 1 of 1	Accident Date 07/18/09	Accident Time 10:50	Report Type <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> PDO <input type="checkbox"/> Hit + Run <input type="checkbox"/> Non-Traffic	Research <input type="checkbox"/>	Local Case No. 0955008993	Local Codes 000	Photos? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes													
Investigating Officer ID Tfc Feaster, J 1219	Agency and Area MSP 554	Supervising Officer ID Sgt Desmond, K 0895	Reviewer ID Sgt Desmond, K 0895	Code - And - Name of Municipality 000 Not Applicable		County 07															
Rd Char 16 01	RTX NUM Accident Occurred On MD 00274	Road Name JOSEPH BIGGS HWY	In Lane 19 W 1	Traf Sig <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	On Ramp 21 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Ramp Number (Direction) 0	0-Not Ramp 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 23 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes													
Rd Cond 24 01	Intersecting Route CO 00378	Intersecting Road Name or Log Mile Reference Manual description KAREN DR	Mile PT 27 005.04	Dir 28 E	Dist. of Acc. fr INT-RTE/Ref. & Dir. 000.15		<input type="checkbox"/> Ft <input checked="" type="checkbox"/> ME <input type="checkbox"/> W														
Rd Div 30 01	Accident Diagram	Show Label: Roads, Traffic Units, the Travel Direction, consistent with the Log Mile Reference Manual, and Movement of Traffic Units.		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 34 02				Vehicle #2 was stopped in the west bound lane of Joseph Biggs Hwy waiting to make a left turn into a driveway. Vehicle #1 was traveling west in the west bound lane of Joseph Biggs Hwy and struck the rear of Vehicle #2.																	
CM Zone 35 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	Junctn 36 04	Event-1 37 01	Event-2 38 00	Fix Obj 39 00	Coll Ty 40 03	Light 41 01	Weather 42 01	Unit 43 01													
Type of 46 Unit <input checked="" type="checkbox"/> Driver <input type="checkbox"/> "PED"	Address (No., Street, City, State, Zip) Tel Res			Address (No., Street, City, State, Zip) Tel Res																	
Movmt 50 01	Conditn 51 01	Subst 52 13	Test 53 00	Result 54	For Peds Only	Age 55	Type 56	Locatn 57	Obey 58	Visibl 59	Movmt 50 06	Conditn 51 01	Subst 52 01	Test 53 00	Result 54	For Peds Only	Age 55	Type 56	Locatn 57	Obey 58	Visibl 59
Speed Limit 60 50	Saf. Eq 61 32	Eq Prob 62 01	Eject 63 01	Citation Number(s)	Facult 65 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Speed Limit 60 50	Saf. Eq 61 32	Eq Prob 62 01	Eject 63 01	Citation Number(s)	Facult 65 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Going 66 04	Driver's License Number MD	State 68 MD	Class 69 C	Going 66 04	Driver's License Number PA	State 68 PA	Class 69 C		
Continue 70 04	DR Date of Birth 71 10/27/1989	Irregular Condition <input type="checkbox"/> Parked <input type="checkbox"/> H&A Run <input type="checkbox"/> Driverless	Caught Fire 72 <input type="checkbox"/>	HM Spill 73 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	Haz Mat No. 74	Continue 70 02	DR Date of Birth 71 06/06/1983	Irregular Condition <input type="checkbox"/> Parked <input type="checkbox"/> H&A Run <input type="checkbox"/> Driverless	Caught Fire 72 <input type="checkbox"/>	HM Spill 73 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	Haz Mat No. 74	Body Ty 75 02	Commercial Vehicle Only	U.S. DOT Number 76	ICC Number 77	Body Ty 78 02	Commercial Vehicle Only	U.S. DOT Number 76	ICC Number 77	Body Ty 78 02	CDL? <input checked="" type="checkbox"/> N <input type="checkbox"/> Y
Most HE 80 01	Owner or Carrier Name (Write "SAME" if Driver) (Res)			Owner or Carrier Name (Write "SAME" if Driver) SAME (Res)			Owner or Carrier Address			Owner or Carrier Address											
Count Circumstances 82-1 07	Towed Vehicles 00 00 00			Towed Vehicles 20			Towed Vehicles 00 00 00			Towed Vehicles 00 00 00											
82-2 05	Year & Make of Vehicle 1991 Chevrolet	Model Corsica	1st Impact Pt 87 01	Main Impact 88 01	82-2 00	Year & Make of Vehicle 1995 Lexus	Model ES 300	1st Impact Pt 87 09	Main Impact 88 09	82-3 00	Exp Yr. & Registr # State 02/10 PA	Areas Damaged 90 08 09 10	Insurer Safe Auto Ins Co								
82-4 00	Exp Yr. & Registr # State 10/10 MD	Areas Damaged 90 01 02 16	Insurer Keystone Ins Co	Vehicle ID Number 00	Policy No. 93	Vehicle ID Number 00	Policy No. 93														
Dam Ext 84 04	Vehicle Removed By Franks Auto Body	Vehicle Removed To Tow Lot	Dam Ext 84 04	Vehicle Removed By Harringtons Auto	Vehicle Removed To Tow Lot																
EMIS Unit A	Injured 106 Taken By: Ambulance 891	Injured 109 Taken To: Union Hospital	EMIS Run Report # 110	Injured 108 Taken By: 000	Injured 107 Taken By: 000	Injured 108 Taken By: 000	Injured 109 Taken To: 000	EMIS Run Report # 110													