

State of Maryland Motor Vehicle Accident Report

Report No. 08780429		Page of 2 of 4		Accident Date 02/22/05		Accident Time 8:11		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 6		Local Case No. 0553003117		Local Codes 8		Photos? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 9													
Investigating Officer ID TFC Carroll, R 0484			Agency and Area MSP 534			Supervising Officer ID SGT Scala, S 2826			Reviewer ID SGT Scala, S 2826			Code - ARA - Name of Municipality 000 Not Applicable			County 12														
Rd Char 16 04		RTE NUM Accident Occurred On 1 MD 00543		Road Name Riverside Parkway				In Lane 19 S 1		Traf Sig 20 <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-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 25 CO 01510		Intersecting Road Name or Log Mile Reference Manual description Brass Mill Road				Mile PT 27 000.71		Dir 28 N		Dist. of Acc fr INT-RTE/Ref. & Dir. 29 000.20 <input type="checkbox"/> Pt. <input checked="" type="checkbox"/> Int. <input type="checkbox"/> N																	
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. 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 01		CAN Zone 35 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		Junct'n 36 01		Event-1 37 01		Event-2 38 01		Fix Obj 39 00		Coll Ty 4 01		Light 41 01		Weather 42 01													
Unit 43 03		NAME (First, Middle, Last) 44 [REDACTED]				Sex 45 02		Unit 43 00		NAME (First, Middle, Last) 44				Sex 45															
Type of 46 Unit <input checked="" type="checkbox"/> Driver <input type="checkbox"/> "PED"		Address (No., Street, City, State, Zip) 1st [REDACTED]				Res. 47		Inj 48 03		Type of 46 Unit <input type="checkbox"/> Driver <input type="checkbox"/> "PED"		Address (No., Street, City, State, Zip) 1st [REDACTED]				Inj 48 EMS 49													
Movem't 50 01		Condit'n 51 01		Subst 52 00		Test 53 00		Result 54 N/A		For Peds Only		Age 55		Type 56		Locat'n 57		Obey 58		Visibl 59									
Speed Limit 60 40		Saf. Equ 61 32		Eq Prob 62 00		Eject 63 00		Citation Number(s) 64		Fault 65 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Speed Limit 60		Saf. Equ 61		Eq Prob 62		Eject 63		Citation Number(s) 64		Fault 65 <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
Going 66 02		Driver's License Number 67 [REDACTED]				State 68 MD		Class 69 C		Going 66		Driver's License Number 67				State 68		Class 69											
Continue 70 02		DR Date of Birth 71 [REDACTED]		Irregular Condition <input type="checkbox"/> Parked <input type="checkbox"/> Hit&Run <input type="checkbox"/> Driverless <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		Caught Fire 72 <input type="checkbox"/>		HM Spill 73 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		Haz Mat No. 74		Continue 70		DR Date of Birth 71		Irregular Condition <input type="checkbox"/> Parked <input type="checkbox"/> Hit&Run <input type="checkbox"/> Driverless <input type="checkbox"/> N <input type="checkbox"/> Y		HM Spill 73 <input type="checkbox"/> N <input type="checkbox"/> Y		Haz Mat No. 74									
Body Ty 7 02		Commercial Vehicle Only		U.S. DOT Number 76		ICC Number 77		Body Ty 78 79 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		Body Ty 75		Commercial Vehicle Only		U.S. DOT Number 76		ICC Number 77		Body Ty 78 79 <input type="checkbox"/> N <input checked="" type="checkbox"/> Y											
Most HE 80 01		Owner or Carrier Name (Write "SAME" if Driver) 81 SAME (Res. [REDACTED])				Tel		Most HE 80		Owner or Carrier Name (Write "SAME" if Driver) 81				Tel															
Contrib Circumstances 82-1 22		Owner / Carrier Address 83 [REDACTED]				Towed Vehicles 84 00 00 00		Contrib Circumstances 82-1		Owner / Carrier Address 83 [REDACTED]				Towed Vehicles 84															
82-2 00		Year & Make of Vehicle 85 2002 Nissan		Model 86 Sentra		1st Impact Pt 87 01		Main Impact 88 01		82-2 00		Year & Make of Vehicle 85		Model 86		1st Impact Pt 87		Main Impact 88											
82-3 00		Exp Yr & Registr # State 89 06/06 [REDACTED] MD		Areas Damaged 90 01 02 17		Insurer 91 State Farm Mut. Auto		82-3 00		Exp Yr & Registr # State 89		Areas Damaged 90		Insurer 91															
82-4 00		Vehicle ID Number 92 [REDACTED]				82-4 00		Vehicle ID Number 92																					
Dam Ext 94 04		Vehicle Removed By 95 Carriers Auto S&S				Vehicle Removed To 96 Tow Lot		Dam Ext 9		Vehicle Removed By 95				Vehicle Removed To 96															
Table 97 Unit 97		List all injured & injured passengers below. Use "W" for witness in TRAF UNIT and SEAT columns. Write Name & Address of injured & witnesses (phone). 99																											
EMS Unit C		Injured 106 Trooper 6				Injured 108 Shock Trauma				EMS Run 05-3295				EMS Unit D				Injured 106 Medic 292				Injured 109 Shock Trauma				EMS Run 05-3295			

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Coll Ty 4 01																					
Light 41 01																					
Weather 42 01																					
Unit 43 01																					
NAME (First, Middle, Last) [REDACTED]	Sex 01	Unit 43 02	NAME (First, Middle, Last) [REDACTED]	Sex 01																	
Type of 46 Unit <input checked="" type="checkbox"/> Driver <input type="checkbox"/> "PED"	Address (No., Street, City, State, Zip) Tel Res [REDACTED]	Inj 48 03	Type of 46 Unit <input checked="" type="checkbox"/> Driver <input type="checkbox"/> "PED"	Address (No., Street, City, State, Zip) Tel Res [REDACTED]	Inj 48 03	EMS 49 C															
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Speed Limit 60 40	Saf. Eq 61 31	Eq Prob62 01	Eject 63 00	Citation Number(s) Pending	64	Fault 65 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Speed Limit 60 40	Saf. Eq 61 32	Eq Prob62 00	Eject 63 00	Citation Number(s)	64	Fault 65 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
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Body Ty 7 05	Commercial Vehicle Only	U.S. DOT Number 76	ICC Number 77	Body Ty 78 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	CDL 79 <input type="checkbox"/> <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	Body Ty 75 03	Commercial Vehicle Only	U.S. DOT Number 76	ICC Number 77	Body Ty 78 <input type="checkbox"/> <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	CDL 79 <input type="checkbox"/> <input checked="" type="checkbox"/> N <input type="checkbox"/> Y										
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Contrib Circumstances 82-1 06	Owner / Carrier Address [REDACTED]			83	Contrib Circumstances 82-1 00	Owner / Carrier Address [REDACTED]			83												
82-2 15	Year & Make of Vehicle 2003 Chevrolet	Model Blazer	1st Impact Pt 87 01	Main Impact 88 01	82-2 00	Year & Make of Vehicle 1995 Ford	Model Windstar	1st Impact Pt 87 01	Main Impact 88 01												
82-3 07	Exp Yr & Registr # State 11/06 [REDACTED] MD	Areas Damaged 90 01 16 17	82-3 00	Exp Yr & Registr # State 05/05 [REDACTED] CT	Areas Damaged 90 01 17 11																
82-4 00	Vehicle ID Number [REDACTED]	92	82-4 00	Vehicle ID Number [REDACTED]	92																
Dam Ext 94 04	Vehicle Removed By Carriers Auto S&S	95	Dam Ext 9 04	Vehicle Removed By Carriers Auto S&S	95																

