

State of Maryland Motor Vehicle Accident Report

REPORT NO. 09551755		PAGE OF 1 OF 1	ACCIDENT DATE 6/13/02	ACCIDENT TIME 2110	REPORT TYPE <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PDO <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC	RESEARCH	LOCAL CASE NUMBER 02-100-9999	LOCAL CODES 0207	PHOTOS? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES										
INVESTIGATING OFFICER / ID CPL. R.T. HARTNETT 1426			AGENCY AND AREA AL B-61		SUPERVISING OFFICER / ID		REVIEWER / ID#		CODE - AND - NAME OF MUNICIPALITY 009 BERWYN HEIGHTS	COUNTY 16									
RD CHAR 16 01	RTE NUM Accident Occurred On MD 0 0193		ROAD NAME GREENBELT ROAD			IN LANE 04	TRAF SIG <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ON RAMP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Ramp Number (Direction) 0 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 24 01	INT-RTE MU 0 0630	INTERSECTING ROAD NAME or Log Mile Reference Manual description. 63RD AVENUE				MILEPT 005	DIR 28 58	Dist. of Acc fr INT-RTE/Ref. & Dir. E 0 0 0 0 0 0		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI U									
RD DIV 30 04	ACCIDENT DIAGRAM Show & Label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units.			NORTH 32		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 01																			
C/M ZONE <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	JUNCT'N 02	EVENT-1 01	EVENT-2 00	FIX OBJ 00	COLL 11	LIGHT 03	WEATHER 03	<p>The Driver of VEHICLE #2 states that she had just exited from the parking lot of the McDonald's Restaurant, and had turned Right onto Greenbelt Road. As she approached the intersection of Greenbelt Road & 63rd Avenue, she observed VEHICLE #1 make a left turn from Westbound Greenbelt Road, into the path of her car, eventually causing the two vehicles to collide.</p>											
UNIT # 43 01	NAME (First, Middle, Last) Michael Sam JOHNSON			SEX 45 01	UNIT # 43 02	NAME (First, Middle, Last) Sarah June TAYLOR			SEX 45 02										
TYPE OF UNIT <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> "PED"	ADDRESS (No., Street, City, State, Zip) 123 Main Street Berwyn Heights MD 20740				TEL <input type="checkbox"/> Work <input checked="" type="checkbox"/> Res	INJ 48 01	TYPE OF UNIT <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> "PED"	ADDRESS (No., Street, City, State, Zip) 8195 Worldwind Way Anytown MD 21178											
MOVEMENT 50 12	CONDITN 51 01	SUBST 52 01	TEST 53 00	RESULT 54 ●	FOR PDS ONLY 55 0	TYPE 56	LOCAT'N 57	OBEY 58	VISIBL 59	MOVEMENT 50 02	CONDITN 51 01	SUBST 52 01	TEST 53 04	RESULT 54 ●	FOR PDS ONLY 55 0	TYPE 56	LOCAT'N 57	OBEY 58	VISIBL 59
SPEED LIMIT 60 40	SAF. EQU 61 13	EJECT 62 01	CITATION NUMBER(S) 63 BH98077, BH98078, BH98079	FAULT 65 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	GOING 66 04	DRIVER'S LICENSE NUMBER J-123-456-789-000				STATE 68 MD	CLASS 69 C	GOING 66 03	DRIVER'S LICENSE NUMBER T-123-456-789-000				STATE 68 MD	CLASS 69 C	
CONTINU 70 02	DR DATE OF BIRTH 71 04-28-85	IRREGULAR CONDITION 72 <input type="checkbox"/> PARKED HIT & RUN <input type="checkbox"/> CAUGHT FIRE DRIVERLESS	HM SPILL 73 <input type="checkbox"/> N <input type="checkbox"/> Y	HAZ MAT NUMBER 74	CONTINU 70 03	DR DATE OF BIRTH 71 05-20-47	IRREGULAR CONDITION 72 <input type="checkbox"/> PARKED HIT & RUN <input type="checkbox"/> CAUGHT FIRE DRIVERLESS	HM SPILL 73 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	HAZ MAT NUMBER 74										
BODY TY 75 02	COMMER. VEHICLE ONLY 76 <input type="checkbox"/> NO <input type="checkbox"/> YES	U.S. DOT NUMBER 77	ICC NUMBER 78	BODY TY 75 02	COMMER. VEHICLE ONLY 76 <input type="checkbox"/> NO <input type="checkbox"/> YES	U.S. DOT NUMBER 77	ICC NUMBER 78	BODY TY 75 02	COMMER. VEHICLE ONLY 76 <input type="checkbox"/> NO <input type="checkbox"/> YES										
MOST HE 80 01	OWNER OR CARRIER NAME (Write "SAME" if Driver) Same				TEL <input type="checkbox"/> Work <input checked="" type="checkbox"/> Res	MOST HE 80 01	OWNER OR CARRIER NAME (Write "SAME" if Driver) SAME				TEL <input type="checkbox"/> Work <input type="checkbox"/> Res								
CONTRIBU CIRCUMSTANCES 82-1 11	OWNER / CARRIER ADDRESS				83	CONTRIBU CIRCUMSTANCES 82-1 61	OWNER / CARRIER ADDRESS				83								
82-2 61	YEAR & MAKE OF VEHICLE 97 Ford	MODEL 86 Contour	1st IMPACT POINT 87 02	MAIN IMPACT 88 02	82-2 00	YEAR & MAKE OF VEHICLE 98 Ford	MODEL 86 Escort	1st IMPACT POINT 87 01	MAIN IMPACT 88 01										
82-3 00	EXP YR & REGISTR # STATE 03 ABC-123 MD 02	AREAS DAMAGED 89 State Farm	INSURER 91	82-3 00	EXP YR & REGISTR # STATE 04 857-ABC MD 01	AREAS DAMAGED 89 GEICO	INSURER 91												
82-4 00	VEHICLE ID NUMBER 1FALP6532VK138899	POLICY NUMBER 92 123456789	93	82-4 00	VEHICLE ID NUMBER 1FAPP13PXWW257999	POLICY NUMBER 92 12345678	93												
DAM EXT 94 02	VEHICLE REMOVED BY Driver		95	VEHICLE REMOVED TO Destination	96	DAM EXT 94 02	VEHICLE REMOVED BY Driver		95	VEHICLE REMOVED TO Destination	96								
TRAFFIC UNIT 97 01	SEATING POSITION 98 03	CODE all injured and uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of injured Passengers and Witnesses.				Witness Telephone # 99 703-555-1212	SEX 100 02	AGE 101 15	SAFETY EQUIP 102 01	EQUIP PROB. 103 01	INJUR SEVER 104 01	EJEC-TION 105 01	EMS UNIT 106						
EMERGENCY UNIT 107 N/A		INJURED TAKEN BY: 108 N/A		INJURED TAKEN TO: 109 N/A		EMS RUN REPORT # 110 N/A		EMERGENCY UNIT 107 N/A		INJURED TAKEN BY: 108 N/A		INJURED TAKEN TO: 109 N/A		EMS RUN REPORT # 110 N/A					