

BERWYN HEIGHTS POLICE DEPARTMENT
 5700 Berwyn Road - Berwyn Heights, Maryland 20740
 Phone (301) 474-6554

PERSONAL MOTOR VEHICLE ACCIDENT FORM

To: All Parties Involved in a Minor Motor Vehicle Accident.

It is the policy of the Berwyn Heights Police Department not to investigate minor motor vehicle traffic accidents.

Minor accidents are described as those in which none of the vehicles involved has become functionally disabled, and where none of the vehicle's occupants have been transported to a hospital or other medical facility for injuries sustained in the accident.

In these types of cases, the law requires the driver of each vehicle to exchange Driver's License, Vehicle Registration and Insurance information with the other driver(s).

To assist you in fulfilling this requirement, the Berwyn Heights Police Department is providing you with this form, which contains spaces for all of the information needed to comply with the law, and to allow you to have that information readily available when contacting your insurance company.

This form is to be kept by you, do not return it to the police department.

The role of the police officer in this instance is to ensure that all parties involved comply with the information exchange requirements, and to restore the safe flow of traffic to the affected area.

As such, the officer is to refrain from making judgements or comments as to the "fault" or "cause" of the accident.

DATE / LOCATION OF ACCIDENT:

Date _____ Time _____ Weather _____

Place Where Accident Occurred (City, Town, etc.) _____

Address (Street, Highway Name, etc.) _____

County _____ No. Of Vehicles Involved _____ (If more than 3, use additional forms)

DRIVER'S LICENSE INFORMATION Copy from Your Driver's License				VEHICLE NO. 1 (YOUR VEH.)				VEHICLE OWNER'S INFORMATION (Copy from Vehicle Registration Card)			
DRIVER'S LICENSE NO.		EXPIRES	STATE	TAG NUMBER		STATE	EXPIRES	COLOR OF VEHICLE			
SEX	DATE OF BIRTH	PHONE NUMBER(S)		YEAR	MAKE	MODEL		BODY STYLE			
DRIVER'S FIRST NAME		MIDDLE	LAST	OWNER'S FIRST NAME		MIDDLE	LAST				
DRIVER'S ADDRESS				OWNER'S ADDRESS							
CITY	STATE	COUNTY	ZIP CODE	CITY	STATE	COUNTY	ZIP CODE				
NAME OF EMPLOYER		WORK PHONE NUMBER		OWNER'S EMPLOYER		OWNER'S WORK PHONE NUMBER					
BRIEFLY DESCRIBE DAMAGE TO THIS VEHICLE:				INSURANCE COMPANY		AGENT OR BROKER'S NAME					
			ARE PHOTOS AVAILABLE?	POLICY OR BINDER NUMBER		AGENT OR INSURANCE CO.'S PHONE NUMBER					

