


State of Maryland Motor Vehicle Accident Report

REPORT NO. 06695526		PAGE OF 2	ACCIDENT DATE	ACCIDENT TIME	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	LOCAL CASE NUMBER	LOCAL CODES	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												
RD CHAR 16	RTE NUM Accident Occurred On 0		ROAD NAME		18	IN LANE 19	TRAF SIG <input type="checkbox"/> NO <input type="checkbox"/> YES	ON RAMP <input type="checkbox"/> NO <input 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	0-Not Ramp 22	IN INTERSECTION <input type="checkbox"/> NO <input type="checkbox"/> YES										
RD COND 24	INT-RTE 0	25 INTERSECTING ROAD NAME or Log Mile Reference Manual description.		26 MILEPT		27	DIR 28	Dist. of Acc fr INT-RTE/Ref. & Dir. <input type="checkbox"/> Ft <input type="checkbox"/> Mi			29										
RD DIV 30	ACCIDENT DIAGRAM	Show & Label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units.			31	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.					33									
SRF COND 34																					
C/MZONE <input type="checkbox"/> NO <input type="checkbox"/> YES																					
JUNCT'N 36																					
EVENT-1 37																					
EVENT-2 38																					
FIX OBJ 39																					
COLL TY 40																					
LIGHT 41																					
WEATHER 42																					
UNIT # 01												NAME (First, Middle, Last)				44	SEX 45	UNIT # 02	NAME (First, Middle, Last)		
TYPE OF UNIT 46 <input type="checkbox"/> DRIVER <input type="checkbox"/> "PED"	ADDRESS (No., Street, City, State, Zip)				47	INJ 48	TYPE OF UNIT 46 <input type="checkbox"/> DRIVER <input type="checkbox"/> "PED"	ADDRESS (No., Street, City, State, Zip)				47	INJ 48								
MOVEMENT 50	CONDITN 51	SUBST 52	TEST 53	RESULT 54	FOR PDS ONLY 55	AGE 56	TYPE 57	LOCAT'N 58	OBEY 59	VISIBL 59	MOVEMENT 50	CONDITN 51	SUBST 52	TEST 53	RESULT 54	FOR PDS ONLY 55	AGE 56	TYPE 57	LOCAT'N 58	OBEY 59	VISIBL 59
SPEED LIMIT 60	SAF. EQU 61	EQ PROB 62	EJECT 63	CITATION NUMBER (S)				64	FAULT <input type="checkbox"/> NO <input type="checkbox"/> YES	SPEED LIMIT 60	SAF. EQU 61	EQ PROB 62	EJECT 63	CITATION NUMBER (S)				64	FAULT <input type="checkbox"/> NO <input type="checkbox"/> YES		
GOING 66	DRIVER'S LICENSE NUMBER				67	STATE 68	CLASS 69	GOING 66	DRIVER'S LICENSE NUMBER				67	STATE 68	CLASS 69						
CONTINU 70	DR DATE OF BIRTH 71	IRREGULAR CONDITION 72 <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS		HM SPILL 73	HAZ MAT NUMBER 74		CONTINU 70	DR DATE OF BIRTH 71	IRREGULAR CONDITION 72 <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS		HM SPILL 73	HAZ MAT NUMBER 74									
BODY TY 75	COMMER. VEHICLE ONLY	U. S. DOT NUMBER		76	ICC NUMBER	77	BODY TY 75	COMMER. VEHICLE ONLY	U. S. DOT NUMBER		76	ICC NUMBER	77	BODY TY 78	CDL? <input type="checkbox"/> NO <input type="checkbox"/> YES	79					
MOST HE 80	OWNER OR CARRIER NAME (Write "SAME" if Driver)				81	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res	MOST HE 80	OWNER OR CARRIER NAME (Write "SAME" if Driver)				81	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res								
CONTRIB CIRCUMSTANCES 82-1	OWNER / CARRIER ADDRESS				83	TOWED VEH (S) 84	CONTRIB CIRCUMSTANCES 82-1	OWNER / CARRIER ADDRESS				83	TOWED VEH (S) 84								
82-2	YEAR & MAKE OF VEHICLE		85	MODEL	86	1st IMPACT PT. 87	82-2	YEAR & MAKE OF VEHICLE		85	MODEL	86	1st IMPACT PT. 87								
82-3	EXP YR & REGISTR # STATE		89	AREAS DAMAGED	90	INSURER	91	EXP YR & REGISTR # STATE		89	AREAS DAMAGED	90	INSURER	91							
82-4	VEHICLE ID NUMBER				92	POLICY NUMBER	93	VEHICLE ID NUMBER				92	POLICY NUMBER	93							
DAM EXT 94	VEHICLE REMOVED BY				95	VEHICLE REMOVED TO	96	VEHICLE REMOVED BY				95	VEHICLE REMOVED TO	96							
TRAFFIC UNIT #	SEATING POSITION	CODE all injured & uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of Injured Passengers and Witnesses.					Wtness telephone #.	SEX	AGE	SAFETY EQUIP	EQUIP PROB.	INJUR SEVER	EJECT-ION	EMS UNIT							
97	98						99	100	101	102	103	104	105	106							
E UNIT M S	INJURED TAKEN BY:	108	INJURED TAKEN TO:	109	EMS RUN REPORT #	110	E UNIT M S	INJURED TAKEN BY:	108	INJURED TAKEN TO:	109	EMS RUN REPORT #	110								

16 ROAD CHARACTER

- 01 Straight & Level
- 02 Straight & Grade
- 03 Straight & Hillcrest
- 04 Curve & Level
- 05 Curve & Grade
- 06 Curve & Hillcrest
- 07 On Bridge

19 IN LANE:

Direction (Pos. 1)

- N North
- E East
- S South
- W West
- P Parking

Number (Pos. 2)

- # (Lane #: 0 thru 9)
- R Right Turn
- L Left Turn
- A Acceleration
- D Deceleration
- S Shoulder
- X Crossover
- O Off Road
- G Gore
- M Median
- L (Parking) Lot

24 ROAD CONDITION

- 01 No Defects
- 02 Shoulder Defect
- 03 Holes, Ruts, Etc.
- 04 Foreign Material
- 05 Loose Surface Material
- 06 Obstruction Not Lighted
- 07 Obstruct. Not Signaled
- 08 View Obstructed

30 ROAD DIVISION

- 01 Not Divided
- 02 One Way Road or Street
- 03 Divided: Median strip without Barrier
- 04 Divided: Median strip with Barrier

34 SURFACE CONDITION

- 01 Wet
- 02 Dry
- 03 Snow
- 04 Ice
- 05 Mud

36 JUNCTION RELATIONSHIP

- 01 Non-intersection
- 02 Intersection
- 03 Intersection Related
- 04 Driveway Access

37 HARMFUL EVENT-1

38 HARMFUL EVENT-2

Collision With:

- 01 Other Motor Vehicle in Transport
- 02 Parked Motor Vehicle
- 03 Pedestrian
- 04 Bicycle
- 05 Other Pedalcycle
- 06 Other Conveyance
- 07 Railway Train
- 08 Animal
- 09 Fixed Object
- 10 Other Object

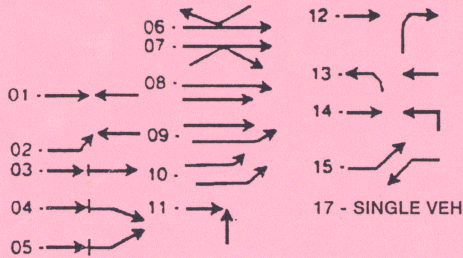
Non-collision:

- 11 Overturn
- 12 Spilled Cargo
- 13 Jackknife
- 14 Separation of Units
- 15 Other Non-Collision

39 FIXED OBJECT STRUCK

- 01 Bridge-Overpass
- 02 Building
- 03 Culvert-Ditch
- 04 Curb
- 05 Guardrail-Barrier
- 06 Embankment
- 07 Fence
- 08 Light Support Pole
- 09 Sign Support Pole
- 10 Other Pole
- 11 Tree-Shrubbery
- 12 Construction Barrier
- 13 Crash Attenuator

40 COLLISION TYPE (Veh-to-Veh)



41 LIGHT

- 01 Daylight
- 02 Dawn or Dusk
- 03 Dark: Street Lights On
- 04 Dark: No Street Lights

42 WEATHER

- 01 Clear or Cloudy
- 02 Foggy
- 03 Raining
- 04 Snow or Sleet
- 05 Severe winds

45 SEX

- 01 Male
- 02 Female

48 INJURY

- 01 Not injured/not known
- 02 Possible injury
- 03 Inj.—not incapacitated
- 04 Disabled (Incapacitated)
- 05 Fatal

50 MOVEMENT

Vehicle Movement

- 01 Moving Constant Speed
- 02 Accelerating
- 03 Slowing or Stopping
- 04 Starting from Traffic Lane
- 05 Starting from Parked Pos.
- 06 Stopped in Traffic Lane
- 07 Changing Lanes
- 08 Passing
- 09 Parking
- 10 Parked
- 11 Backing
- 12 Making Left Turn
- 13 Making Right Turn
- 14 Making Right Turn on Red
- 15 Making U Turn
- 16 Skidding
- 17 Driverless Moving Vehicle

PED Movement

- 51 Cross/Enter at Intersection
- 52 Cross/Ent Not at Intsect
- 53 Walking/Riding w/Traffic
- 54 Walk/Ride Against Traffic
- 55 Playing
- 56 Standing (continued→)

- 57 Getting On/Off Vehicle
- 58 Push/Work on Vehicle
- 59 Other Working
- 60 Hitchhiking
- 61 Approach/Leave School Bus

51 CONDITION

- 01 Apparently Normal
- 02 Had Been Drinking
- 03 Using Drugs
- 04 Physical Defects
- 05 Other Handicaps
- 06 Ill
- 07 Fatigued
- 08 Apparently Asleep

52 SUBSTANCE DETECTED

- 01 No Substance Detected
- 11 Alcohol Present
- 12 Illegal Drug Present
- 13 Medication Present
- 14 Combined Subst. Present
- 21 Alcohol Contributed
- 22 Illegal Drug Contributed
- 23 Medication Contributed
- 24 Combination Contributed

53 TEST ADMINISTERED

- 01 Test (s) Refused
- 02 Positive Prelim. Test
- 03 Evidence Test Given

56 PED TYPE

- 01 Pedestrian
- 02 Bicyclist
- 03 Other Pedalcyclist
- 04 Rider of animal
- 05 In animal-drawn vehicle
- 06 Machine operator/rider
- 07 Other Conveyance

57 PED LOCATION

- 01 Shoulder
- 02 Curb
- 03 Sidewalk
- 04 Outside Right of Way
- 05 On Roadway at Crosswalk
- 06 On Roadway Not at Crswlk
- 07 In School Bus Zone
- 08 In Bikeway

58 PED OBEDIENCE

- 01 No pedestrian signal
- 02 Obeyed pedestrian signal
- 03 Disobeyed ped. signal
- 04 Ped. signal malfunction

59 PED VISIBILITY

- 01 Light Clothing
- 02 Dark Clothing
- 03 Mixed Clothing
- 04 Reflective Material
- 05 Head Light
- 06 Rear Light Reflector
- 07 Head Light & Rear Reflect

61 DR SAFETY EQUIP USE

- 01 None
- 11 Lap Belt Only
- 12 Shoulder Belt Only
- 13 Shoulder/Lap Belt (s)
- 14 Child/Youth Restraint
- 21 MC/Bike Helmet
- 22 MC/Bike Eye Shield Only
- 23 MC/Bike Helment & Shield
- 31 Air Bag (Only)
- 32 Air Bag & Belt (s)

62 DR EQUIPMENT PROBLEM

- 01 No Misuse/Problem (Use OK)
- 11 Belt (s)/Anchor (s) Broke
- 13 Belt (s) Misused
- 31 Air Bag Failed to Deploy

63 DR EJECTION

- 01 Not ejected; not trapped
- 02 Fully Ejected
- 03 Partially Ejected
- 04 Trapped

66/70 (DIRECTION) GOING/CONTINU

- 01 North
- 02 South
- 03 East
- 04 West

75 (VEH) BODY TYPE

- 01 Motorcycle
- 02 Automobile
- 03 Station Wagon
- 04 Limousine
- 05 Single Truck 2 axles
- 06 Single Truck 3 axles
- 07 Truck Tractor
- 08 Recreational Vehicle
- 09 Farm Vehicle
- 10 Transit Bus
- 11 Cross Country Bus
- 12 School Bus
- 13 Ambulance/Emergency
- 14 Ambulance/Non-Emergency
- 15 Fire Vehicle/Emergency
- 16 Fire Vehicle/Non-Emerg
- 17 Police Veh/Emergency
- 18 Police Veh/Non-Emerg
- 19 Moped
- 20 Pickup Truck
- 21 Van

78 COMM BODY TYPE

- 01 Bus
- 02 Van/Encl. Box
- 03 Truck-Tractor
- 04 Cargo Tank
- 05 Flatbed
- 06 Dump
- 07 Concrete Mixer
- 08 Auto Transporter
- 09 Garbage/Refuse

80 (VEH) MOST HARMFUL EVENTCollision With:

- 01 Other Motor Vehicle in Transport
- 02 Parked Motor Vehicle
- 03 Pedestrian
- 04 Bicycle
- 05 Other Pedalcycle
- 06 Other Conveyance
- 07 Railway Train
- 08 Animal
- 09 Fixed Object
- 10 Other Object

Non-collision:

- 11 Overturn
- 12 Spilled Cargo
- 13 Jackknife
- 14 Separation of Units
- 15 Other Non-collision

82-1/2/3/4 CONTRIB CIRCUMSTANCEDriver/Ped/Cyclist

- 01 Under influence of drugs
- 02 Under influence: alcohol
- 03 Under infl. of medication
- 04 Under combined influence
- 05 Physical/ment. difficulty
- 06 Fell asleep, fainted, etc.
- 07 Failed to give full time and attention
- 08 Did not comply with license restrictions
- 11 Fail: yield right of way
- 12 Fail to obey stop sign
- 13 Fail: obey traffic signal
- 14 Fail: obey oth traf contr
- 15 Fail: keep right of center
- 16 Fail: stop for school bus
- 17 Wrong way on one way road
- 18 Exceeded speed limit
- 21 Too fast for conditions
- 22 Followed too closely
- 23 Improper turn
- 24 Improper lane change
- 25 Improper backing
- 26 Improper passing
- 27 Improper signal
- 28 Improper parking
- 29 Interference/Obstruction by passenger
- 31 Illegally in roadway
- 32 Bicycle violation
- 37 Clothing not visible

Ped/Cyclist ONLY

- 31 Illegally in roadway
- 32 Bicycle violation
- 37 Clothing not visible
- Environment
- 41 Smog, smoke
- 42 Sleet, hail, freez. rain
- 43 Blowing sand, soil, dirt
- 44 Severe crosswinds
- 45 Rain, snow
- 46 Animal
- 47 Vision obstruction (incl. blinded by sun or lights)

Vehicle

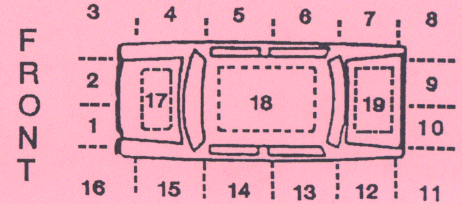
- 51 Brakes
- 52 Tires
- 53 Steering
- 54 Lights
- 55 Windows/windshield
- 56 Wheel (s)
- 57 Trailer coupling
- 58 Cargo

Road

- 61 Wet
- 62 Icy or slushy
- 63 Debris or obstruction
- 64 Ruts, holes, bumps
- 65 Road under const/maint.
- 66 Traffic control device inoperative
- 67 Shoulders low, soft, high

84 (VEH) TOWED VEHICLES

- 01 1 Semi Trailer
- 02 1 Semi + 1 Full Trailer
- 03 1 Full Trailer
- 04 2 Full Trailers
- 05 3 Trailers
- 06 Automobile
- 07 Utility Trailer
- 08 Boat Trailer
- 09 Camper
- 10 Travel/Home Trailer
- 11 Mobile Home
- 12 Farm Equipment

87/88 FIRST/MAIN IMPACT PTS**90 (VEH) AREAS DAMAGED**

- 17 Hood
- 18 Roof/Top
- 19 Trunk
- 20 Windshield
- 21 Windows
- 22 Underside
- 23 Overturn (overall)

94 (VEH) DAMAGE EXTENT

- 01 No Damage
- 02 Superficial or Minor
- 03 Functional
- 04 Disabling
- 05 Destroyed

98 SEAT POSITION

- 01 Driver/MCycle Operator
- 02 Center Front Seat
- 03 Right Front Seat
- 04 Left Rear/MC Passenger
- 05 Center Rear Seat
- 06 Right Rear Seat
- 07 Other Seat IN Vehicle
- 08 In Cargo Area
- 09 OUTSIDE Vehicle

100 SEX

- 01 Male
- 02 Female

102 SAFETY EQUIPMENT USE

- 01 None
- 11 Lap Belt Only
- 12 Shoulder Belt Only
- 13 Shoulder/Lap Belt (s)
- 14 Child/Youth Restraint
- 21 MC/Bike Helmet
- 22 MC/Bike Eye Shield Only
- 23 MC/Bike Helmet & Shield
- 31 Air Bag (Only)
- 32 Air Bag & Belt (s)

103 EQUIPMENT PROBLEMAdult/Youth Restraint

- 01 No Misuse/Problem (Use OK)
- 11 Belt (s)/Anchor (s) Broke
- 13 Belt (s) Misused
- 31 Air Bag Failed to Deploy
- Child Restraint
- 42 Facing Wrong Way
- 43 Not Anchored Right
- 44 Anchor Not Secure
- 45 Not Strapped Right
- 46 Strap/Tether Loose
- 47 Size/Type Improper

104 PASS INJURY SEVERITY

- 01 Not injured/not known
- 02 Possible injury
- 03 Inj.—not incapacitated
- 04 Disabled (Incapacitated)
- 05 Fatal

105 EJECTION

- 01 Not ejected; not trapped
- 02 Fully Ejected
- 03 Partially Ejected
- 04 Trapped