

State of Maryland Motor Vehicle Accident Report

REPORT NO. 1 510345		PAGE OF 2 1, 1		ACCIDENT DATE 3 1, 1 2, 6 0, 4		ACCIDENT TIME 4 1, 0 0, 7		REPORT TYPE 5 <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 NUMBER 7 2005-040123		LOCAL CODES 8		PHOTOS ? 9 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES							
INVESTIGATING OFFICER ID 10 Albert Green 2397				AGENCY AND AREA 11 J E 0, 0 1				SUPERVISING OFFICER ID 12 Linda Williams c99		REVIEWER ID # 13 Brad Linquist j45		CODE - AND - NAME OF MUNICIPALITY 14 0, 0, 3 Annapolis				COUNTY 15 0 2							
RD CHAR 16 0, 2		RTE NUM Accident Occurred On 17 U, S 9, 7				ROAD NAME 18				IN LANE 19 N 2		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 22 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 0, 1		INT-RTE 25 M, D 3, 0, 1				INTERSECTING ROAD NAME or Log Mile Reference Manual description. 26				MILEPT 27		DIR 28 0, 0, 6		Dist. of Acc fr INT-RTE/Ref. & Dir. 29		Ft 30 <input type="checkbox"/> Mi <input checked="" type="checkbox"/> N							
RD DIV 30 0, 4		ACCIDENT DIAGRAM 31 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. 33																	
SRF COND 34 0, 2		<p style="text-align: center;">Veh1 Slows for Deer and gets Rear-Ended by speeding Veh2</p>				<p>Veh1 was going northbound when a deer entered the roadway. Veh1 slowed to avoid the deer as it ran across the road. Veh2, speeding, was unable to brake in time and rear-ended Veh1.</p>																	
C/M ZONE 35 <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES																							
JUNCT'N 36 0, 0																							
EVENT - 1 37 0, 1																							
EVENT - 2 38 0, 0																							
FIX OBJ 39 0, 5																							
COLL TY 40 0, 3		LIGHT 41 0, 1		WEATHER 42 0, 3																			
UNIT # 43 0, 1		NAME (First, Middle, Last) 44 Brandy E Orr				SEX 45 0, 2		UNIT # 43 0, 2		NAME (First, Middle, Last) 44 Walter O Joseph				SEX 45 0, 1									
TYPE OF UNIT 46 <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> "PED"		ADDRESS (No., Street, City, State, Zip) 47 4602 Oldham St Annapolis MD 24744				TEL <input type="checkbox"/> Work <input checked="" type="checkbox"/> Res 47 6416192065		TYPE OF UNIT 46 <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> "PED"		ADDRESS (No., Street, City, State, Zip) 47 4676 Everett St Annapolis MD 84381				TEL <input type="checkbox"/> Work <input type="checkbox"/> Res 47 5404584676									
MOVEMENT 50 0, 3		CONDITN 51 0, 1		SUBST 52 0, 1		TEST 53 0, 0		RESULT 54 •		FOR PIDS ONLY 55		AGE 55		TYPE 56		LOCATN 57		OBEY 58		VISIBL 59			
SPEED LIMIT 60 5, 0		SAF. EQU 61 1, 1		EQ PROB 62 1, 3		EJECT 63 0, 1		CITATION NUMBER (S) 64		FAULT <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 65		SPEED LIMIT 60 5, 0		SAF. EQU 61 1, 3		EQ PROB 62 0, 1		EJECT 63 0, 1		CITATION NUMBER (S) 64		FAULT <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 65	
GOING 66 0, 1		DRIVER'S LICENSE NUMBER 67 429945408				STATE 68 MD		CLASS 69 3		GOING 66 0, 1		DRIVER'S LICENSE NUMBER 67 331481440				STATE 68 MD		CLASS 69 2					
CONTINU 70 0, 1		DR DATE OF BIRTH 71 0, 9 2, 0 1, 9		IRREGULAR CONDITION 72 <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS		HM SPILL 73 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		HAZ MAT NUMBER 74		CONTINU 70 0, 4		DR DATE OF BIRTH 71 0, 8 1, 7 1, 9		IRREGULAR CONDITION 72 <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS		HM SPILL 73 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		HAZ MAT NUMBER 74					
BODY TY 75 0, 2		COMMER. VEHICLE ONLY 76		U. S. DOT NUMBER 76		ICC NUMBER 77		BODY TY 78		CDL? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 79		COMMER. VEHICLE ONLY 76		U. S. DOT NUMBER 76		ICC NUMBER 77		BODY TY 78		CDL? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 79			
MOST HE 80 0, 1		OWNER OR CARRIER NAME (Write "SAME" if Driver) 81 Same				TEL <input type="checkbox"/> Work <input type="checkbox"/> Res 81		MOST HE 80 0, 1		OWNER OR CARRIER NAME (Write "SAME" if Driver) 81 Bryan H O'Neil				TEL <input type="checkbox"/> Work <input checked="" type="checkbox"/> Res 81 3527843871									
CONTRIB CIRCUMSTANCES 82-1 4, 6		OWNER / CARRIER ADDRESS 83 3119 Brighton Ave Annapolis MD 47344				TOWED VEH (S) 84 1, 8		CONTRIB CIRCUMSTANCES 82-1 1, 8		OWNER / CARRIER ADDRESS 83 3119 Brighton Ave Annapolis MD 47344				TOWED VEH (S) 84 1, 8									
82-2 2, 6		YEAR & MAKE OF VEHICLE 85 8, 4 FORD		MODEL 86 Tempo		1st IMPACT PT. 87 1, 0		MAIN IMPACT 88 0, 9		82-2 2, 1		YEAR & MAKE OF VEHICLE 85 0, 4 TOYT		MODEL 86 Matrix		1st IMPACT PT. 87 0, 1		MAIN IMPACT 88 0, 2					
82-3 0, 5		EXP YR & REGISTR # STATE 89 WGQ 562 M, D		AREAS DAMAGED 90 0, 9 1, 0 0, 8		INSURER 91		82-3 2, 2		EXP YR & REGISTR # STATE 89 MZZ 539 M, D		AREAS DAMAGED 90 1, 5 1, 7 1, 6		INSURER 91									
82-4 21427BEW 770WMS 731		VEHICLE ID NUMBER 92				POLICY NUMBER 93		82-4 50452VKW 299SFL 391		VEHICLE ID NUMBER 92				POLICY NUMBER 93									
DAM EXT 94 0, 3		VEHICLE REMOVED BY 95				VEHICLE REMOVED TO 96		DAM EXT 94 0, 2		VEHICLE REMOVED BY 95				VEHICLE REMOVED TO 96									
TRAFFIC UNIT # 97		SEATING POSITION 98		CODE all injured & uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of Injured Passengers and Witnesses. 108				Witness telephone # 99		SEX 100		AGE 101		SAFETY EQUIP 102		EQUIP PROB. 103		INJUR SEVER 104		EJEC-TION 105		EMS UNIT 106	
0, 1		0, 5		Eric G Crosby 3448 Lillibridge St Annapolis MD 60665 1489585681				0, 1		0, 2, 6		1, 1		0, 1		0, 1		0, 1		0			
0, 1		0, 3		Gavin K Sakic 2678 Brookview Dr Annapolis MD 15424 2798041296				0, 1		0, 3, 5		1, 3		0, 1		0, 3		0, 1		A			
0, 2		0, 4		Elaine H Geller 3636 Monterey Dr Annapolis MD 38364 6408195216				0, 2		0, 2, 8		1, 3		1, 3		0, 3		0, 1		A			
0, 2		0, 5		Penny D Manning 2638 S 55th St Annapolis MD 50596 4863816983				0, 2		0, 1, 8		1, 1		0, 1		0, 1		0, 1		0			
0, 2		0, 6		Harold Y Mason 4946 Valley Rd Annapolis MD 62828 3338422140				0, 1		0, 6, 7		1, 3		0, 1		0, 2		0, 1		0			
0, 2		0, 3		Ross U Williams 2753 Brighton Ave Annapolis MD 52732 1796433907				0, 1		0, 0, 4		1, 4		1, 3		0, 2		0, 1		0			
E UNIT M S A 107		INJURED TAKEN BY: 108 EmergyStat				INJURED TAKEN TO: 109 Annapolis General		EMS RUN REPORT # 110 34-235		E UNIT M S A 107		INJURED TAKEN BY: 108 EmergyStat				INJURED TAKEN TO: 109 Annapolis General		EMS RUN REPORT # 110 34-235					