

WITNESS:

1	NAME	PHONE
	ADDRESS	
2	NAME	PHONE
	ADDRESS	
3	NAME	PHONE
	ADDRESS	

CITY EMPLOYEE - CHARGE	SUMMONS NO.			
CHARGE	SUMMONS NO.			
CHARGE	SUMMONS NO.			
DATE OF TRIAL	MONTH DAY YEAR	TIME OF TRIAL	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.

IMPORTANT

THIS REPORT MUST BE SIGNED BY THE CITY DRIVER AND SUPERVISOR AND MAILED TO CENTRAL BUREAU OF INVESTIGATION (C.B.I.) WITHIN 24 HOURS FOLLOWING THE ACCIDENT

BALTIMORE CITY LAW DEPARTMENT - C.B.I.
100 HOLLIDAY STREET BALTIMORE, MD 21202

TELEPHONE NUMBERS

C.B.I.: 410-396-3400; 410-396-3308
AFTER 4:30 - CALL ASSIGNED DUTY INVESTIGATOR: 410-396-3100

DRIVER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE

COPY
 FWD

SAFETY DATA

SUPERVISOR RESPONDED TO SCENE YES NO
 SAFETY OFFICER RESPONDED TO SCENE YES NO
 PHOTOS TAKEN YES NO
 SEAT BELT IN USE YES NO
 PCD IN CITY DRIVER POSSESSION YES NO
 PCD IN USE YES NO

SAFETY OFFICER'S SIGNATURE	DATE
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CITY OF BALTIMORE CENTRAL BUREAU OF INVESTIGATION 100 HOLLIDAY STREET BALTIMORE, MARYLAND 21202	MOTOR VEHICLE ACCIDENT REPORT
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INSTRUCTIONS:
PRINT OR TYPE: PREPARE 4 COPIES AND FORWARD: 1 - CENTRAL BUREAU OF INVESTIGATION, 1 - DIVISION OF OCCUPATIONAL SAFETY, 1 - CENTRAL GARAGE, AND 1 - AGENCY FILE. SEE AM-501-10 FOR FURTHER DETAILS.

VERY IMPORTANT - GIVE EXACT DATE AND HOUR OF ACCIDENT					
MONTH	DATE	YEAR	TIME	<input type="checkbox"/> AM	DAY OF WEEK
				<input type="checkbox"/> PM	
LOCATION OF ACCIDENT			POLICE REPORT NO.		
PLACE WHERE ACCIDENT OCCURRED (CITY, TOWN, ETC.)					
STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED					

WEATHER CONDITIONS:		
NUMBER OF VEHICLES INVOLVED	INVESTIGATED BY POLICE <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PEDESTRIAN INVOLVED

YOUR VEHICLE NO. 1	DRIVER LICENSE NUMBER		CITY PERMIT NUMBER		
	SEX	DATE OF BIRTH	HOME PHONE NUMBER		
	DRIVER'S FIRST NAME		MIDDLE NAME	LAST NAME	
	DRIVER'S ADDRESS			CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	POST <input type="checkbox"/> YES <input type="checkbox"/> NO
				ACCT. TESTING	
	CITY	STATE	COUNTY	ZIP CODE	
	AGENCY NAME				
	BUREAU NAME		BUSINESS PHONE		
	POINT OF IMPACT ON VEHICLE		EXTENT OF DAMAGE <input type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY		
	VEHICLE TAG NUMBER	STATE	YEAR	FLEET OR SHOP NUMBER	
YEAR, MAKE AND MODEL			SERIAL NUMBER OF VEHICLE		
OWNER	MAYOR & CITY COUNCIL CITY OF BALTIMORE		OTHER - SPECIFY		

VEHICLE NO. 2	DRIVER LICENSE NUMBER		EXPIRES	STATE	
	SEX	DATE OF BIRTH	HOME PHONE NUMBER		
	DRIVER'S FIRST NAME		MIDDLE NAME	LAST NAME	
	DRIVER'S ADDRESS				
	CITY	STATE	COUNTY	ZIP CODE	
	NAME OF EMPLOYER				
	POINT OF IMPACT ON VEHICLE		EXTENT OF DAMAGE <input type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY		
	TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL	
	OWNER'S FIRST NAME		MIDDLE NAME	LAST NAME	
	OWNER'S ADDRESS			DAY PHONE #	
OWNER'S INSURANCE COMPANY			POLICY NUMBER		

VEHICLE NO. 3	DRIVER LICENSE NUMBER		EXPIRES	STATE	
	SEX	DATE OF BIRTH		HOME PHONE NUMBER	
	DRIVER'S FIRST NAME		MIDDLE NAME	LAST NAME	
	DRIVER'S ADDRESS				
	CITY		STATE	COUNTY	ZIP CODE
	NAME OF EMPLOYER				
	POINT OF IMPACT ON VEHICLE		EXTENT OF DAMAGE <input type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY		
	TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL	
	OWNER'S FIRST NAME		MIDDLE NAME	LAST NAME	
	OWNER'S ADDRESS			DAY PHONE #	
OWNER'S INSURANCE COMPANY		POLICY NUMBER			

PROPERTY DAMAGE (OTHER THAN MOTOR VEHICLES)

DAMAGE TO PROPERTY	AMOUNT OF DAMAGES
DAMAGE PROPERTY OWNER'S NAME	
ADDRESS	

DESCRIBE ACCIDENT IN DETAIL BELOW - INDICATING ALL DAMAGE. INCLUDE ORIGIN AND DESTINATION

OCCUPANT INFORMATION

1	FIRST NAME				MIDDLE	LAST NAME				
	ADDRESS									
	<input type="checkbox"/> KILLED		<input type="checkbox"/> NO INJURY		<input type="checkbox"/> DRIVER		NO. OF VEHICLE		<input type="checkbox"/> PEDESTRIAN	
	<input type="checkbox"/> INJURED		<input type="checkbox"/> PASSENGER						<input type="checkbox"/> OTHER VEHICLE	
	AGE	SEX	NATURE OF INJURY				REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR			
2	FIRST NAME				MIDDLE	LAST NAME				
	ADDRESS									
	<input type="checkbox"/> KILLED		<input type="checkbox"/> NO INJURY		<input type="checkbox"/> DRIVER		NO. OF VEHICLE		<input type="checkbox"/> PEDESTRIAN	
	<input type="checkbox"/> INJURED		<input type="checkbox"/> PASSENGER						<input type="checkbox"/> OTHER VEHICLE	
	AGE	SEX	NATURE OF INJURY				REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR			
3	FIRST NAME				MIDDLE	LAST NAME				
	ADDRESS									
	<input type="checkbox"/> KILLED		<input type="checkbox"/> NO INJURY		<input type="checkbox"/> DRIVER		NO. OF VEHICLE		<input type="checkbox"/> PEDESTRIAN	
	<input type="checkbox"/> INJURED		<input type="checkbox"/> PASSENGER						<input type="checkbox"/> OTHER VEHICLE	
	AGE	SEX	NATURE OF INJURY				REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR			
4	FIRST NAME				MIDDLE	LAST NAME				
	ADDRESS									
	<input type="checkbox"/> KILLED		<input type="checkbox"/> NO INJURY		<input type="checkbox"/> DRIVER		NO. OF VEHICLE		<input type="checkbox"/> PEDESTRIAN	
	<input type="checkbox"/> INJURED		<input type="checkbox"/> PASSENGER						<input type="checkbox"/> OTHER VEHICLE	
	AGE	SEX	NATURE OF INJURY				REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR			

INDICATE ON DIAGRAM POSITION OF VEHICLES INVOLVED-SHOWING DIRECTION OF TRAVEL.

INDICATE NORTH BY ARROW

