WITNESS: **CITY OF BALTIMORE PHONE** 100 HOLLIDAY STREET BALTIMORE, MARYLAND 21202 ADDRESS INSTRUCTIONS: NAME PHONE **ADDRESS** NAME PHONE 3 **ADDRESS** CITY EMPLOYEE - CHARGE SUMMONS NO. CHARGE SUMMONS NO. CHARGE SUMMONS NO. DATE OF MONTH DAY YEAR TIME OF □ A.M. **TRIAL TRIAL** □ 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 ☐YES ☐ NO SEAT BELT IN USE PCD IN CITY DRIVER POSSESSION ☐ YES ☐ NO PCD IN USE ☐ YES ☐ NO

SAFETY OFFICER'S SIGNATURE

CITY OF BALTIMORE
CENTRAL BUREAU OF INVESTIGATION
100 HOLLIDAY STREET
ACCIDENT REPORT

<u>PRINT OR TYPE:</u> 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.

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