



VEHICLE ACCIDENT REPORT
7225 Parkway Drive
Hanover, Maryland 21076

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MEMBER CONTACT				DEPARTMENT CONTACT			
NAME AND ADDRESS		BUSINESS PHONE		NAME AND ADDRESS		BUSINESS PHONE	
CHARLES COUNT COMMISSIONERS 200 Baltimore Street La Plata, MD 20646		301-645-0550		Michelle Lilly, Director Charles County Dept. of Emergency Services 10425 Audie Lane La Plata, MD 20646		301-609-3400	
		WHEN TO CONTACT				WHEN TO CONTACT	
		Business hours				Business hours	
LOSS INFORMATION							
CLAIM		DATE OF ACCIDENT		TIME OF ACCIDENT		PREVIOUSLY REPORTED?	
INCIDENT						YES NO	
LOCATION OF ACCIDENT (nearest intersection, city, zip)				AUTHORITY CONTACTED:		VIOLATIONS/CITATIONS	
						MEM DRV OTH DRV	
				REPORT#:		CAUSE OF ACCIDENT	
DESCRIPTION OF ACCIDENT						WAS AMBULANCE NECESSARY?	
						YES NO	
MEMBER DEPARTMENT VEHICLE							
UNIT#		YEAR		MAKE:		BODY TYPE:	
				MODEL:		V.I.N:	
OWNER'S NAME & ADDRESS:						BUSINESS PHONE	
(Check if same as Member)							
DRIVER'S NAME				SHERIFF DRIVER'S DUTIES AT TIME OF ACCIDENT			
DESCRIBE DAMAGE:				WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEHICLE BE SEEN?	
NON-DEPARTMENT VEHICLE/PROPERTY DAMAGE				VEHICLE?		YES NO	
DESCRIBE PROPERTY: (If auto, year, make, model, vin#, plate#)				INSURANCE CO/AGENCY NAME:			
				POLICY NUMBER		BUSINESS PHONE	
OWNER'S NAME AND ADDRESS:						RESIDENCE PHONE	
						BUSINESS PHONE	
OTHER DRIVER'S NAME & ADDRESS:						RESIDENCE PHONE	
(Check if same as owner)						BUSINESS PHONE	
DESCRIBE DAMAGE:							
INJURED: IF MORE THAN ONE INJURED PERSON, FILL OUT AND ATTACH ADDITIONAL ACCIDENT REPORT(S)							
INJURED'S NAME & ADDRESS:		PHONE		PED		SOC SEC#	
				MEM VEH		DOB	
				OTH VEH			
ATTENDING PHYSICIAN NAME & ADDRESS:		PART OF BODY				TRANSPORTED BY AMBULANCE?	
						YES NO	
CLAIMANT ATTORNEY NAME & ADDRESS:				BUSINESS PHONE			
WITNESSES OR PASSENGERS							
WITNESS 1 NAME & ADDRESS:		PHONE		PED		OTHER (Specify)	
				MEM VEH			
				OTH VEH			
WITNESS 2 NAME & ADDRESS:		PHONE		PED		OTHER (Specify)	
				MEM VEH			
				OTH VEH			
IMPORTANT: REPORTS SUBMITTED IN HARD COPY MUST BE SIGNED BY THE SUPERVISOR							
REPORT DATE		SUPERVISOR'S SIGNATURE				INTERNAL REFERENCE NUMBER	