



VEHICLE ACCIDENT REPORT
7225 Parkway Drive
Hanover, Maryland 21076

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MEMBER CONTACT		DEPARTMENT CONTACT			
NAME AND ADDRESS CHARLES COUNT COMMISSIONERS 200 Baltimore Street La Plata, MD 20646		BUSINESS PHONE 301-645-0550	NAME AND ADDRESS Michelle Lilly, Director Charles County Dept. of Emergency Services 10425 Audie Lane La Plata, MD 20646		BUSINESS PHONE 301-609-3400
		WHEN TO CONTACT Business hours			WHEN TO CONTACT Business hours
LOSS INFORMATION					
CLAIM INCIDENT	DATE OF ACCIDENT		TIME OF ACCIDENT	AM	PREVIOUSLY REPORTED?
				PM	YES
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:		PLATE NUMBER
		MODEL:	V.I.N.:		
OWNER'S NAME & ADDRESS: (Check if same as Member)				BUSINESS PHONE	
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:			BUSINESS PHONE
		POLICY NUMBER			
OWNER'S NAME AND ADDRESS:				RESIDENCE PHONE	
				BUSINESS PHONE	
OTHER DRIVER'S NAME & ADDRESS: (Check if same as owner)				RESIDENCE PHONE	
				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#	DOB
			MEM VEH		
			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	