

#### **Motor Vehicle Accident Report**



#### 04/25/2018 light street

#### **Witness**

Witness Name	Witness Phone	Witness Address
tester 1	410345678	123 light street

## **Charges**

Summons No	Charge	City Employee -Charge	Trial Time
20180427	75.00		8/27/2018 12:00:00 AM

#### **Important**

The Report must be signed by the city driver and supervisor and mailed to central bureau investigation (C.B.I) within 24 hours following the accident

Baltimore City Law Department - C.B.I 100 Holiday 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

Safety Data				
Supervisor Responded To Scene		Yes	Z	No
Safety Officer Responded To Scene	<b>/</b>	Yes		No
Photos Taken	<b>/</b>	Yes		No
Seat Belt In Use		Yes	Z	No
PCD In City Driver Possession		Yes	$\checkmark$	No
PCD In Use	abla	Yes		No

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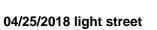




Very Important - Give Exact Dare And Hour Of Accident											
	4/25/2018 2:25:00 PM										
Loc	cation of Accid	ent									
	light street										
We	ather Condition	ns									
Num	ber Of Vehicles	Involved:		vestigated By	У		Yes		Ø	No	
Ped	estrian Involved										
	Driver License Number: 1221			City Permit Numl	ber	1:	221				
	Sex Date of Birth			Home phone N	umber						
	Male	5/10/1965 12:00:00 AM		1212323123							
	Driver's First Name			Middle Nam	e	Last Name					
	dexter			aw		CDL		.,		am N-	
	Driver's Address 123 Light Street							Yes Yes		No No	ACCT TEST
	City	State	County					Zipcode			
10.1	Baltimore	MD		Baltime	ore County						21045
Vehicle No. 1	Agency Name		reau Name				Business	s Phon	ie		
Vehi	DPWtest test of			gov	2323						
					Ex	tent of	Damage				
	slight				Ø	Slight □ Heavy					
	Vehicle Tag Number State Ye			ear Fleet or Shop Number							
	2323				232	2323					
	Year Make and Model				Ser	ial Numb	er of	Vehicle	)		
	2008 acura				232	323					
	owner Mayor & City Council City C Baltimore			Of	Other Specity						
					none						



## **Motor Vehicle Accident Report**





	Driver License Number:				City Permit Number								
	Sex	Home phone Number											
5. 2	Driver's First Na	Driver's First Name							Last N	ame			
	Driver's Address	CDL					No No	ACCT TEST					
	City	State	County						Zipcode 20148				
Vehicle No. 2	Agency Name Bureau Name Business Phone										ie		
		Point of Impact \	/ehicle			Extent of Damage							
						Slight				Heavy			
	Vehicle Tag Numbe	ar		Flee	et or Sho	op Nu	mber						
	Year			Serial Number of Vehicle									
	owner	Off Other Specity											
	Driver's First Name Middle Name Sam awesome			Last Name Chandu									
	Driver's Address: 456 Snowden River pkwy												
	□ Killed ☑	No Injury	☑ Driver		No Of Ve	ehicles	1	☑ Pedestrian					
Occupant No. 1	□ Injured		□ Passenger	3				□ Other Vehicle					
conbe	Age	Sex		N	Nature of Injury		Removed From Scen					Scene	
ŏ	46 1				NoInjury			☑ Ambulance					
										Perso	onal Ca	ar	
prop	erty Damage(O	ther Than Mot	or Vehicles)										
Dam	age to Property					Amo	unt of D	ama	iges				
Dam	age Property Owne	r's Name											
Addı	ress												



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Describe Accident In Detail Below - Indicating All Damage. Include Origin And Destination						
testf 43sadsa						
Indicate On Diagram Position of Vehicles Involved	d Showing Direction Of Travel					
Indicate On Diagram Position of Vehicles involved	u-Snowing Direction Of Travel.					
Driver's Signature	Date					
Driver's Signature	Date					
	5/17/2018 3:11:46 PM					
Supervisor's Signature	Date					
	5/17/2018 3:11:58 PM					
	5/17/2018 3:11:58 PIVI					
Safety Officer's Signature	Date					
	5/16/2018 1:03:11 PM					
	3/10/2010 1.00.111 WI					