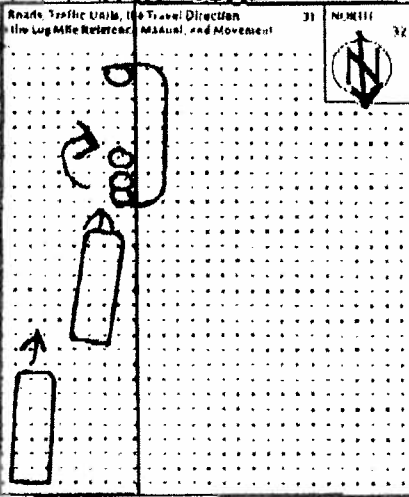


State of Maryland Motor Vehicle Accident Report

REPORT # 06574596		PAGE OF 1		ACCIDENT DATE 022008		ACCIDENT TIME 1059		REPORT TYPE FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> NO INJURY <input checked="" type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC <input type="checkbox"/>		OFFICER'S BADGE # 008-02178		OFFICER'S CODES 000		PROPERTY DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																													
INVESTIGATING OFFICER ID Dep. J. O'Connor 86				AGENCY AND AREA ZAG120				SUPERVISING OFFICER ID				REVIEWER ID #		CODE AND NAME OF AGENCY 000		COUNTY 01																											
RD CHAR 05		RTM NRM Accident Occurred On C010.02.6		REPORT NAME Bartlett St.				INFLANT S		TNT SIG <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		LAMP NO <input type="checkbox"/> YES <input type="checkbox"/>		WIND DIRECTION 1 N 2 W 3 E 4 S 5 SW 6 SE 7 W-E 8 S-W 9 Other		IN INTERSECTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																											
RIS CODE 01		INT BY 0		INTERSECTING ROAD NAME OR Mile Reference Manual description Garrett Coll				MILEIT 001.03N		DIR 300-100		S S																															
RD CHG 01		ALLIANT DIAGRAM		Show & Label (Indicate on the Diagram) Road, Traffic Unit, its Travel Direction, the MIRE Reference, Manual, and Movement				NUMERICAL		DESCRIBE ACCIDENT briefly: identify with RV numbers. Also identify the following: a) the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicles) and b) the NAME & ADDRESS OF OWNER when applicable																																	
SHP COND 03		LAPSE/NOV <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FUNCTION 01		REASON 04		CAUSE 11		FIX OR COLL TY 05		TRAFFIC 01		WEATHER 04																													
TIME 01		NAME (Last, Middle, First)		SEX		AGE		UNIT #		NAME (First, Middle, Last)		SEX		AGE																													
TYPE OF DRIVER 01		ADDRESS (No., Street, City, State, ZIP)		TYPE OF UNIT <input type="checkbox"/> PASSENGER <input checked="" type="checkbox"/> TRUCK		ADDRESS (No., Street, City, State, ZIP)		TYPE OF UNIT <input type="checkbox"/> PASSENGER <input checked="" type="checkbox"/> TRUCK		ADDRESS (No., Street, City, State, ZIP)		TYPE OF UNIT <input type="checkbox"/> PASSENGER <input checked="" type="checkbox"/> TRUCK		ADDRESS (No., Street, City, State, ZIP)		TYPE OF UNIT <input type="checkbox"/> PASSENGER <input checked="" type="checkbox"/> TRUCK																											
MOVEMENT		SUBST		TRF		RESULT		FOR FEED ONLY		ACC		TRF		LOCAL		OBY		VISIBLE		MOVEMENT		CONDITN		SHEET		TRF		WHEEL		SEEN PDS ONLY		AGE		TYPE		LOCAL		OBY		VISIBLE			
SPEED (mph)		NO. LRU		LU. PRIO		SECT		CITY/STATE NUMBER(S)		FAULT		FREE/IMP		DRT EQU		EQ PEOP		EJECT		CITY/STATE NUMBER(S)		PAULI		DMS		YES		NO		YES		NO		YES		NO							
CORIC		DRIVER'S LICENSE NUMBER		CLASS		STATE		CORIC		DRIVER'S LICENSE NUMBER		CLASS		STATE		CORIC		DRIVER'S LICENSE NUMBER		CLASS		STATE		CORIC		DRIVER'S LICENSE NUMBER		CLASS		STATE		CORIC		DRIVER'S LICENSE NUMBER		CLASS		STATE					
CONTINUT		DR DATE OF BIRTH		IRREGULAR CONDITION		PMS-PL		HAZ MAT NUMBER		CONTINUT		DR DATE OF BIRTH		IRREGULAR CONDITION		PMS-PL		HAZ MAT NUMBER		CONTINUT		DR DATE OF BIRTH		IRREGULAR CONDITION		PMS-PL		HAZ MAT NUMBER		CONTINUT		DR DATE OF BIRTH		IRREGULAR CONDITION		PMS-PL		HAZ MAT NUMBER					
VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE					
WEST		OWNER OR CARRIER NAME (Write same if driver)		TEL		WORK		WEST		OWNER OR CARRIER NAME (Write same if driver)		TEL		WORK		WEST		OWNER OR CARRIER NAME (Write same if driver)		TEL		WORK		WEST		OWNER OR CARRIER NAME (Write same if driver)		TEL		WORK		WEST		OWNER OR CARRIER NAME (Write same if driver)		TEL		WORK					
CUNTRD CIRCUM		OWNER / CARRIER ADDRESS		CUNTRD CIRCUM		OWNER / CARRIER ADDRESS		CUNTRD CIRCUM		OWNER / CARRIER ADDRESS		CUNTRD CIRCUM		OWNER / CARRIER ADDRESS		CUNTRD CIRCUM		OWNER / CARRIER ADDRESS		CUNTRD CIRCUM		OWNER / CARRIER ADDRESS		CUNTRD CIRCUM		OWNER / CARRIER ADDRESS		CUNTRD CIRCUM		OWNER / CARRIER ADDRESS		CUNTRD CIRCUM		OWNER / CARRIER ADDRESS		CUNTRD CIRCUM		OWNER / CARRIER ADDRESS					
YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE		YEAR & MAKE OF VEHICLE					
TRF YR & REGISTR STATE		AREAS DAMAGED		TRF YR & REGISTR STATE		AREAS DAMAGED		TRF YR & REGISTR STATE		AREAS DAMAGED		TRF YR & REGISTR STATE		AREAS DAMAGED		TRF YR & REGISTR STATE		AREAS DAMAGED		TRF YR & REGISTR STATE		AREAS DAMAGED		TRF YR & REGISTR STATE		AREAS DAMAGED		TRF YR & REGISTR STATE		AREAS DAMAGED		TRF YR & REGISTR STATE		AREAS DAMAGED		TRF YR & REGISTR STATE		AREAS DAMAGED					
VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER		VEHICLE ID NUMBER							
VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY		VEHICLE REMOVED BY							
TRAFFIC UNIT #		SEATING POSITION		CODE (all injured & unreleased PASSENGERS show wheel name & address of injured passengers and witnesses. Use W for witness in TRAF UNIT and SEAT columns.)		Witness telephone #		SEX		AGE		SAFETY EQUIP		PUSHUP		INJER SEVER		EPC TECH		LAP UNIT		TRAFFIC UNIT #		SEATING POSITION		CODE (all injured & unreleased PASSENGERS show wheel name & address of injured passengers and witnesses. Use W for witness in TRAF UNIT and SEAT columns.)		Witness telephone #		SEX		AGE		SAFETY EQUIP		PUSHUP		INJER SEVER		EPC TECH		LAP UNIT	
INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO		INJURED TAKEN TO			



Vehicle one slid on snow covered road, hit guard rail, and overturned to the passenger side. Driver was ejected and crushed under the dump truck and died from the injuries.

Handwritten initials or signature.