State of Maryland Motor Vehicle Accident Report

Report No.	Page of	Accident Date	Accident Time	Report Type	Research	Local Case No.	Local Codes	Photos?
08780429	2 of 4	02/22/05	8:11	☐ Fatal ☑ Injury ☐ PDO ☐ Hit + Run ☐ Non-Traffic		0553003117		☐ No ☑ Yes

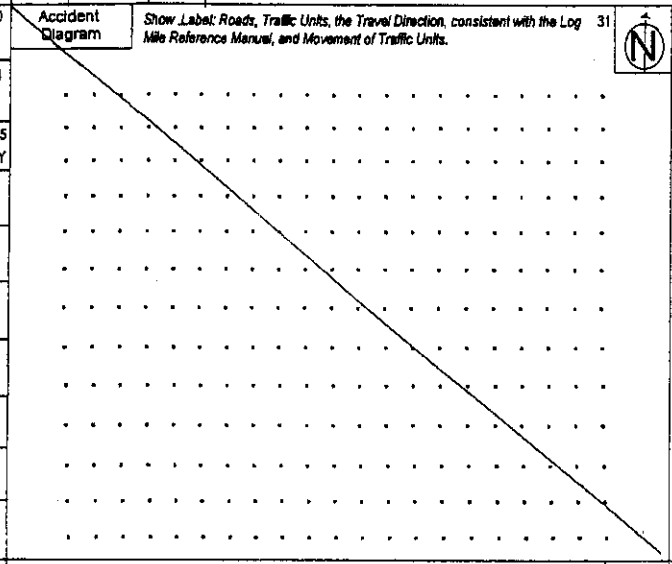
Investigating Officer ID	Agency and Area	Supervising Officer ID	Reviewer ID	Code - And - Name of Municipality	County
TFC Carroll, R 0484	MSP 534	SGT Scala, S 2826	SGT Scala, S 2826	000 Not Applicable	12

Rd Char	RTE NUM Accident Occurred On	Road Name	In Lane	Traf Sig	On Ramp	Ramp Number (Direction) 0-Not Ramp 1 N-W 2 W-N 3 E-N 4 N-E 5 S-E 6 E-S 7 W-S 8 S-W 9 Other	In Intersection
04	MD 00543	Riverside Parkway	S 1	☑ No ☐ Yes	☑ No ☐ Yes	0	☑ No ☐ Yes

Rd Cond	Intersecting Route	Intersecting Road Name or Log Mile Reference Manual description	Mile PT	Dir	Dist. of Acc fr INT-RTE/Ref. & Dir.	
01	CO 01510	Brass Mill Road	000.71	N	000.20	☐ Ft ☑ Mi N

Rd Div	Srf Cond	C/M Zone	Junct'n	Event-1	Event-2	Fix Obj	Coll Ty	Light	Weather
01	01	☑ N ☐ Y	01	01	01	00	01	01	01

Accident Diagram — *Show Label: Roads, Traffic Units, the Travel Direction, consistent with the Log Mile Reference Manual, and Movement of Traffic Units.*



Describe Accident briefly; identify units by 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.

Unit 03

NAME (First, Middle, Last): [redacted]

Sex: 02

Address (No., Street, City, State, Zip) Tel: Res [redacted]

Type of Unit: ☑ Driver ☐ "PED"

Inj: 03

EMS: 00

Movemt	Condtn	Subst	Test	Result	For Peds Only	Age	Type	Locatn	Obey	Visibl
01	01	00	00	N/A						

Speed Limit	Saf. Equ	Eq Prob	Eject	Citation Number(s)	Fault
40	32	00	00		☑ No ☐ Yes

Going: 02

Driver's License Number: [redacted] State: MD Class: C

Continue: 02

DR Date of Birth: [redacted] Irregular Condition: ☐ Caught Fire ☐ Parked ☐ Hit&Run ☐ Driverless HM Spill: ☑ N ☐ Y Haz Mat No.

Body Ty: 02

Commercial Vehicle Only: U.S. DOT Number: ICC Number: Body Ty: CDL? ☑ N ☐ Y

Most HE: 01

Owner or Carrier Name (Write "SAME" if Driver): SAME (Res: [redacted]) Tel:

Contrib Circum-stances: 22

Owner / Carrier Address: [redacted]

Towed Vehicles: 00 00 00

82-2: 00 — Year & Make of Vehicle: 2002 Nissan — Model: Sentra — 1st Impact Pt: 01 — Main Impact: 01

82-3: 00 — Exp Yr & Registr # State: 06/06 [redacted] MD — Areas Damaged: 01 02 17 — Insurer: State Farm Mut Aut

82-4: 00 — Vehicle ID Number: [redacted] — Policy No.: 022322930

Dam Ext: 04 — Vehicle Removed By: Carriers Auto S&S — Vehicle Removed To: Tow Lot

Unit 00

NAME (First, Middle, Last):

Sex:

Type of Unit: ☐ Driver ☐ "PED"

Inj:

EMS:

Speed Limit:

Going:

Continue:

Body Ty:

Most HE:

Contrib Circum-stances:

82-2:

82-3:

82-4:

Dam Ext: 9

Vehicle Removed By:

Vehicle Removed To:

Towed Vehicles:

Year & Make of Vehicle: Model: 1st Impact Pt: Main Impact:

Exp Yr & Registr # State: Areas Damaged: Insurer:

Vehicle ID Number: Policy No.:

Traffic Unit | Seat | Names of Injured & Uninjured Passengers below. Use "W" for witness in TRAF UNIT and SEAT columns. Write Name & Address of Injured & witnesses (phone). | Sex | Age | Sel. Equ | Eq Prob | Injury | Eject | EMS Unit

EMS Unit	Injured 106 Taken By:	Injured 108 Taken To	EMS Run Report # 110	EMS Unit	Injured 108 Taken By 106	Injured 109 Taken To:	EMS Run Report # 110
C	Trooper 6	Shock Trauma	05-3295	D	Medic 292	Shock Trauma	05-3295

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08780429	1 of 4	02/22/05	8:11	☐ Fatal ☑ Injury ☐ PDO ☐ Hit+Run ☐ Non-Traffic		0553003117		☐ No ☑ Yes

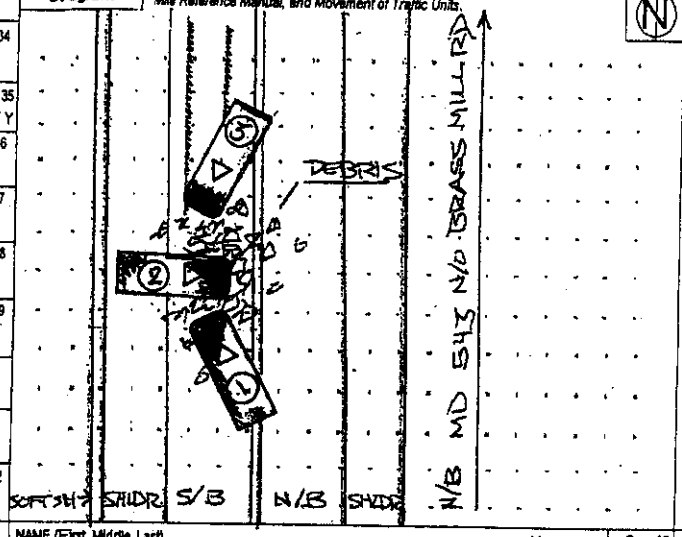
Investigating Officer ID	Agency and Area	Supervising Officer ID	Reviewer ID	Code - And - Name of Municipality	County
TFC Carroll, R 0484	MSP 534	SGT Scala, S 2826	SGT Scala, S 2826	000 Not Applicable	12

Rd Char	RTE N/UM Accident Occurred On	Road Name	In Lane	Traf Sig	On Ramp	Ramp Number (Direction) 0-Not Ramp	In Intersection
04	MD 00543	Riverside Parkway	S 1	☑ No ☐ Yes	☑ No ☐ Yes	0 1 N-W 2 W-N 3 E-N 4 N-E 5 S-E 6 E-S 7 W-S 8 S-W 9 Other	☑ No ☐ Yes

Rd Cond	Intersecting Route	Intersecting Road Name or Log Mile Reference Manual description	Mile PT	Dir	Dist. of Acc fr INT-RTE/Ref. & Dir.	Pt / Mi
01	CO 01510	Brass Mill Road	000.71	N	000.20	☐ Pt ☑ Mi N

Rd Div	Srf Cond	CM Zone	Junctn	Event-1	Event-2	Fix Obj	Coll Ty	Light	Weather
01	01	☑ N ☐ Y	01	01	01	00	01	01	01

Accident Diagram — Show Label: Roads, Traffic Units, the Travel Direction, consistent with the Log Mile Reference Manual, and Movement of Traffic Units.



Describe Accident briefly; identify units by 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.

Vehicle 1 was traveling northbound MD 543 north of Brass Mill Road. Vehicles 2 and 3 were traveling southbound MD 543 north of Brass Mill Road. Operator of Vehicle 1 apparently fell asleep. Vehicle 1 crossed the double yellow center line and struck vehicle 2 head on. Operator of vehicle 3 was unable to avoid the collision, and struck the rear of vehicle 2. All three vehicles came to rest in the center of the roadway.

Unit 01

Unit	NAME (First, Middle, Last)	Sex	Type of Unit	Inj	EMS
01	[redacted]	01	☑ Driver ☐ "PED"	03	A

Address (No., Street, City, State, Zip) Tel: Res [redacted]

Movemnt	Conditn	Subst	Test	Result	For Peds Only	Age	Type	Locatn	Obey	Visibl
01	01	00	00	N/A						

Speed Limit	Saf. Equ	Eq Prob	Eject	Citation Number(s)	Fault
40	31	01	00	Pending	☐ No ☑ Yes

Going	Driver's License Number	State	Class
01	[redacted]	MD	C

Continue	DR Date of Birth	Irregular Condition	HM Spill	Haz Mat No.
01	[redacted]	☐ Caught Fire ☐ Parked ☐ Hit&Run ☐ Driverless	☑ N ☐ Y	

Body Ty	Commercial Vehicle Only	U.S. DOT Number	ICC Number	Body Ty	CDL?
05					☑ N ☐ Y

Most HE	Owner or Carrier Name (Write "SAME" If Driver)	Tel
01	SAME	(Res) [redacted]

Contrib Circumstances: 06

Owner / Carrier Address: [redacted]

Towed Vehicles: 00 00 00

	Year & Make of Vehicle	Model	1st Impact Pt	Main Impact
82-2: 15	2003 Chevrolet	Blazer	01	01

	Exp Yr & Registr # State	Areas Damaged	Insurer
82-3: 07	11/06 [redacted] MD	01 16 17	United Services Auto

	Vehicle ID Number	Body Ty
82-4: 00	[redacted]	

Dam Ext	Vehicle Removed By	Vehicle Removed To
04	Carriers Auto S&S	Tow Lot

Unit 02

Unit	NAME (First, Middle, Last)	Sex	Type of Unit	Inj	EMS
02	[redacted]	01	☑ Driver ☐ "PED"	03	C

Address (No., Street, City, State, Zip) Tel: Res [redacted]

Movemnt	Conditn	Subst	Test	Result	For Peds Only	Age	Type	Locatn	Obey	Visibl
01	01	00	00	N/A						

Speed Limit	Saf. Eq	Eq Prob	Eject	Citation Number(s)	Fault
40	32	00	00		☑ No ☐ Yes

Going	Driver's License Number	State	Class
02	[redacted]	CT	UNK

Continue	DR Date of Birth	Irregular Condition	HM Spill	Haz Mat No.
02	[redacted]	☑ Caught Fire ☐ Parked ☐ Hit&Run ☐ Driverless	☑ N ☐ Y	

Body Ty	Commercial Vehicle Only	U.S. DOT Number	ICC Number	Body Ty	CDL?
03					☑ N ☐ Y

Most HE	Owner or Carrier Name (Write "SAME" If Driver)	Tel
01	SAME	(Res) [redacted]

Contrib Circumstances: 00

Owner / Carrier Address: [redacted]

Towed Vehicles: 00 00 00

	Year & Make of Vehicle	Model	1st Impact Pt	Main Impact
82-2: 00	1995 Ford	Windstar	01	01

	Exp Yr & Registr # State	Areas Damaged	Insurer
82-3: 00	05/05 [redacted] CT	01 17 11	Unknown

	Vehicle ID Number
82-4: 00	[redacted]

Dam Ext	Vehicle Removed By	Vehicle Removed To
04	Carriers Auto S&S	Tow Lot

Traffic Unit 97 — Seat 98 — 00/00 all Injured & Uninjured Passengers below. Use "W" for witness in TRAF UNIT and SEAT columns. Write Name & Address of Injured & witnesses (phone).

Traffic Unit	Seat	Name	Sex	Age	Saf. Equ	Eq Prob	Injury	Eject	EMS Unit

EMS Unit A — Injured 108 Taken By: Trooper 1 — Injured 109 Taken To: Shock Trauma — EMS Run Report # 110: 05-3295

EMS Unit 107 B — Injured 108 Taken By 108: Trooper 2 — Injured 109 Taken To: [illegible] — EMS Run Report # 110: 05-3295

MARYLAND STATE POLICE OFFICIAL