



## IN CASE OF TRAFFIC ACCIDENT

1. Stop immediately. Keep calm.
2. Warn oncoming traffic.
3. Help the injured. Do not render first aid unless you are trained. Call a doctor or ambulance if necessary.
4. Do not argue, accuse anyone, nor make any admission of blame for the accident.
5. Call appropriate law enforcement agency (highway patrol, police, sheriff, or other authority).
6. Get the information called for in this booklet.
7. For information on forms, reporting, etc., see instruction sheet in your accident kit.

Your vehicle is designated as No. 1 in all sections of this booklet.

### 1. GET NAMES & LICENSE NUMBERS

<b>STATE VEHICLE NO. 1</b>		
DRIVER'S FULL NAME		
ADDRESS		
CITY – STATE – ZIP		
DATE OF BIRTH	SEX	DRIVER'S LICENSE NO.
YEAR & MAKE OF CAR		
VEHICLE ID#		
LICENSE NO.	YEAR	STATE
OWNER		
ADDRESS		
CITY – STATE – ZIP		
INSURANCE CO. & POLICY NO.		
PHONE HOME		
BUSINESS		

<b>OTHER VEHICLE NO. 2</b>		
DRIVER'S FULL NAME		
ADDRESS		
CITY – STATE – ZIP		
DATE OF BIRTH	SEX	DRIVER'S LICENSE NO.
YEAR & MAKE OF CAR		
VEHICLE ID#		
LICENSE NO.	YEAR	STATE
OWNER		
ADDRESS		
CITY – STATE – ZIP		
INSURANCE CO. & POLICY NO.		
PHONE HOME		
BUSINESS		



MARYLAND STATE HIGHWAY ADMINISTRATION  
Single & Tandem Axle Dump Truck

**OTHER VEHICLE NO. 3**

DRIVER'S FULL NAME		
ADDRESS		
CITY-STATE-ZIP		
DATE OF BIRTH	SEX	DRIVER'S LICENSE NO.
YEAR & MAKE OF CAR		
VEHICLE ID#		
LICENSE NO.	YEAR	STATE
OWNER		
ADDRESS		
CITY-STATE-ZIP		
INSURANCE CO. & POLICY NO.		
PHONE HOME		
BUSINESS		

**OTHER VEHICLE NO. 4**

DRIVER'S FULL NAME		
ADDRESS		
CITY-STATE-ZIP		
DATE OF BIRTH	SEX	DRIVER'S LICENSE NO.
YEAR & MAKE OF CAR		
VEHICLE ID#		
LICENSE NO.	YEAR	STATE
OWNER		
ADDRESS		
CITY-STATE-ZIP		
INSURANCE CO. & POLICY NO.		
PHONE HOME		
BUSINESS		

**2. GET NAMES OF WITNESSES**

**WITNESSES**

1. FULL NAME	
ADDRESS	
CITY-STATE-ZIP	

TELEPHONE NO.	BIRTHDATE
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2. FULL NAME	
ADDRESS	
CITY-STATE-ZIP	

TELEPHONE NO.	BIRTHDATE
---------------	-----------

3. FULL NAME	
ADDRESS	
CITY-STATE-ZIP	

TELEPHONE NO.	BIRTHDATE
---------------	-----------

4. FULL NAME	
ADDRESS	
CITY-STATE-ZIP	

TELEPHONE NO.	BIRTHDATE
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**POLICE**

OFFICER'S NAME	BADGE NO.
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REPORT NO.	STATION
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Citation (ticket) given to:  You  Other



**3. GET NAMES OF ALL OCCUPANTS**

**CAR OCCUPANTS**

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY-STATE-ZIP \_\_\_\_\_

CAR NO.	AGE	SEX	INJURED
			<input type="checkbox"/> YES <input type="checkbox"/> NO

TAKEN TO \_\_\_\_\_

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY-STATE-ZIP \_\_\_\_\_

CAR NO.	AGE	SEX	INJURED
			<input type="checkbox"/> YES <input type="checkbox"/> NO

TAKEN TO \_\_\_\_\_

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY-STATE-ZIP \_\_\_\_\_

CAR NO.	AGE	SEX	INJURED
			<input type="checkbox"/> YES <input type="checkbox"/> NO

TAKEN TO \_\_\_\_\_

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY-STATE-ZIP \_\_\_\_\_

CAR NO.	AGE	SEX	INJURED
			<input type="checkbox"/> YES <input type="checkbox"/> NO

TAKEN TO \_\_\_\_\_

**4. GET THE DETAILS**

**DETAILS**

DATE _____	TIME _____	A.M. P.M.
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LOCATION-STATE \_\_\_\_\_

CITY \_\_\_\_\_

STREETS \_\_\_\_\_

SPEED OTHER: _____	M.P.H.	YOURS: _____	M.P.H.
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**VEHICLE DAMAGE**

YOURS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**STATE OF MARYLAND INSURANCE INFORMATION**

The State is self-insured. If you or your attorney wish to file a claim, please contact:

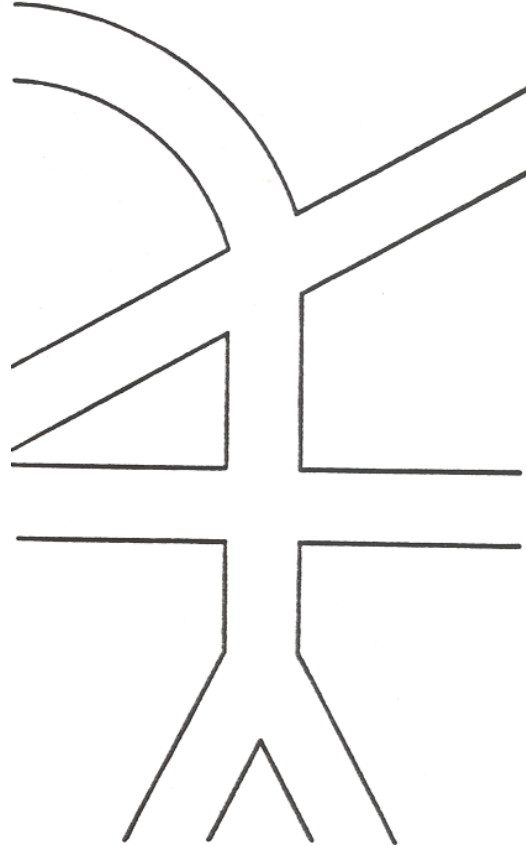
**CLAIMS UNIT – INSURANCE DIVISION  
STATE TREASURER OF MARYLAND  
LOUIS L. GOLDSTEIN TREASURY BUILDING  
80 CALVERT STREET  
ANNAPOLIS, MARYLAND 21401  
TEL: 410/974-3684**

The claims Unit will instruct the claimant/attorney as to the proper procedure for filing a formal notice of claim against the State.

Policy No. – SJTF  
Company – Maryland Automobile Fleet  
Agent/Broker – State Treasurer's Office

**6. Draw a Sketch**

SHOW NAMES OF HIGHWAYS, POINTS OF COMPASS (N.E.S.W.), AND DIRECTION FO VEHICLES INVOLVED.  
DESIGNATE YOUR CAR THUS:   
OTHER VEHICLE:



**IMPORTANT**

Report accident promptly to your supervisor in accordance with MDA instructions. Make prompt written report to authorities as required by law. Name and address of person completing this form: