



VEHICLE ACCIDENT REPORT
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Hanover, Maryland 21076

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URL: www.lgit.org

MEMBER CONTACT		DEPARTMENT CONTACT			
NAME AND ADDRESS		BUSINESS PHONE	NAME AND ADDRESS		BUSINESS PHONE
		WHEN TO CONTACT			
LOSS INFORMATION					
CLAIM	DATE OF ACCIDENT	TIME OF ACCIDENT		AM	PREVIOUSLY REPORTED?
	INCIDENT			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:			
		POLICY NUMBER			BUSINESS PHONE
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	