



VEHICLE ACCIDENT REPORT
7225 Parkway Drive
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				WHEN TO CONTACT					
LOSS INFORMATION											
<input type="checkbox"/> CLAIM	DATE OF ACCIDENT			TIME OF ACCIDENT		PREVIOUSLY REPORTED?					
<input type="checkbox"/> INCIDENT											
LOCATION OF ACCIDENT (nearest intersection, city, zip)				AUTHORITY CONTACTED:		VIOLATIONS/CITATIONS					
						<input type="checkbox"/> MEM DRV <input type="checkbox"/> OTH DRV					
				REPORT#:		CAUSE OF ACCIDENT					
DESCRIPTION OF ACCIDENT						WAS AMBULANCE NECESSARY?					
						YES <input type="checkbox"/> NO <input type="checkbox"/>					
MEMBER DEPARTMENT VEHICLE											
UNIT#	YEAR	MAKE:	BODY TYPE:		PLATE NUMBER						
		MODEL:	V.I.N:								
OWNER'S NAME & ADDRESS:					BUSINESS PHONE						
<input type="checkbox"/> (Check if same as Member)											
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 <input type="checkbox"/> NO <input type="checkbox"/>											
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:				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 <input type="checkbox"/> NO <input type="checkbox"/>					
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				