

# CLAIMANT'S REPORT OF ACCIDENT

DEPARTMENT OF LAW  
CENTRAL BUREAU OF INVESTIGATION  
100 N. Holliday Street  
Room 31, City Hall  
Baltimore, Maryland 21202

No. 1  
FACTS ABOUT  
OTHER  
VEHICLE

NAME OF OTHER OWNER INVOLVED \_\_\_\_\_ ADDRESS \_\_\_\_\_  
DESCRIPTION OF HIS CAR: MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_  
NAME OF DRIVER OF OTHER CAR \_\_\_\_\_ ADDRESS \_\_\_\_\_

No. 2

DATE OF ACCIDENT \_\_\_\_\_ 20 \_\_\_\_\_ TIME \_\_\_\_\_ A. M. \_\_\_\_\_ P. M. \_\_\_\_\_  
PLACE OF ACCIDENT \_\_\_\_\_

No. 3

IMPORTANT  
GIVE NAMES  
and ADDRESSES

LIST PASSENGERS IN YOUR CAR WITH ADDRESSES AND AGE (If under 21 give Parents' Names) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
GIVE NAMES AND ADDRESSES OF ALL PERSONS WHO WITNESSED OR CAN FURNISH  
INFORMATION REGARDING THE ACCIDENT  
NAME \_\_\_\_\_ { ADDRESS \_\_\_\_\_ HOME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ BUSINESS \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ { ADDRESS \_\_\_\_\_ HOME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ BUSINESS \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ { ADDRESS \_\_\_\_\_ HOME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ BUSINESS \_\_\_\_\_ PHONE \_\_\_\_\_

No. 4

INJURED

WERE YOU INJURED? \_\_\_\_\_ WAS ANYONE INJURED? \_\_\_\_\_  
IF ANYONE WAS INJURED PLEASE GIVE NAME, ADDRESS, AGE AND NATURE OF INJURIES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
WHERE WERE INJURED TAKEN? \_\_\_\_\_ ATTENDED BY DOCTOR \_\_\_\_\_

No. 5

FACTS  
ABOUT  
YOUR  
CAR

OWNER OF CAR \_\_\_\_\_ ADDRESS \_\_\_\_\_  
NAME OF DRIVER \_\_\_\_\_ ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_  
DESCRIPTION OF CAR: MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_  
WHAT PARTS OF YOUR CAR WERE DAMAGED? \_\_\_\_\_  
\_\_\_\_\_  
HAVE YOU HAD AN ESTIMATE OF DAMAGE TO YOUR PROPERTY? \_\_\_\_\_ IF SO, ATTACH ESTIMATE. IF RE-  
PAIRS MADE, ATTACH BILL. \_\_\_\_\_  
IN WHAT COMPANY DO YOU CARRY INSURANCE ON YOUR AUTOMOBILE? \_\_\_\_\_  
\_\_\_\_\_  
CHECK KIND OF INSURANCE CARRIED COLLISION  LIABILITY   
PROPERTY DAMAGE   
\_\_\_\_\_  
WAS THE DRIVER OF YOUR CAR ON BUSINESS OF THE OWNER? \_\_\_\_\_  
ARE YOU EMPLOYED? \_\_\_\_\_ BY WHOM? \_\_\_\_\_

No. 6  
FACTS  
ABOUT  
THE  
ACCIDENT

IN WHAT DIRECTION WAS YOUR CAR GOING? \_\_\_\_\_ RATE OF SPEED \_\_\_\_\_  
IN WHAT DIRECTION WAS OTHER CAR GOING? \_\_\_\_\_ RATE OF SPEED \_\_\_\_\_  
WHAT DISTANCE AWAY WAS OTHER CAR WHEN YOU FIRST OBSERVED IT? \_\_\_\_\_  
HOW FAR FROM INTERSECTION WERE YOU? \_\_\_\_\_ OTHER CAR \_\_\_\_\_  
IN WHAT PORTION OF THE STREET WAS YOUR CAR TRAVELING? \_\_\_\_\_ OTHER CAR \_\_\_\_\_  
IF INTERSECTION ACCIDENT, WHICH CAR REACHED INTERSECTING CURB LINE FIRST? \_\_\_\_\_  
DID YOU REDUCE SPEED OF YOUR CAR? \_\_\_\_\_ OTHER CAR \_\_\_\_\_  
WHAT SIGNAL IF ANY DID YOU GIVE? \_\_\_\_\_ OTHER CAR \_\_\_\_\_  
WAS IT DAYLIGHT? \_\_\_\_\_ IF NOT DAYLIGHT WAS PLACE OF ACCIDENT WELL LIGHTED? \_\_\_\_\_  
WHAT LIGHTS WERE BURNING ON YOUR CAR? \_\_\_\_\_ OTHER CAR \_\_\_\_\_ WEATHER \_\_\_\_\_

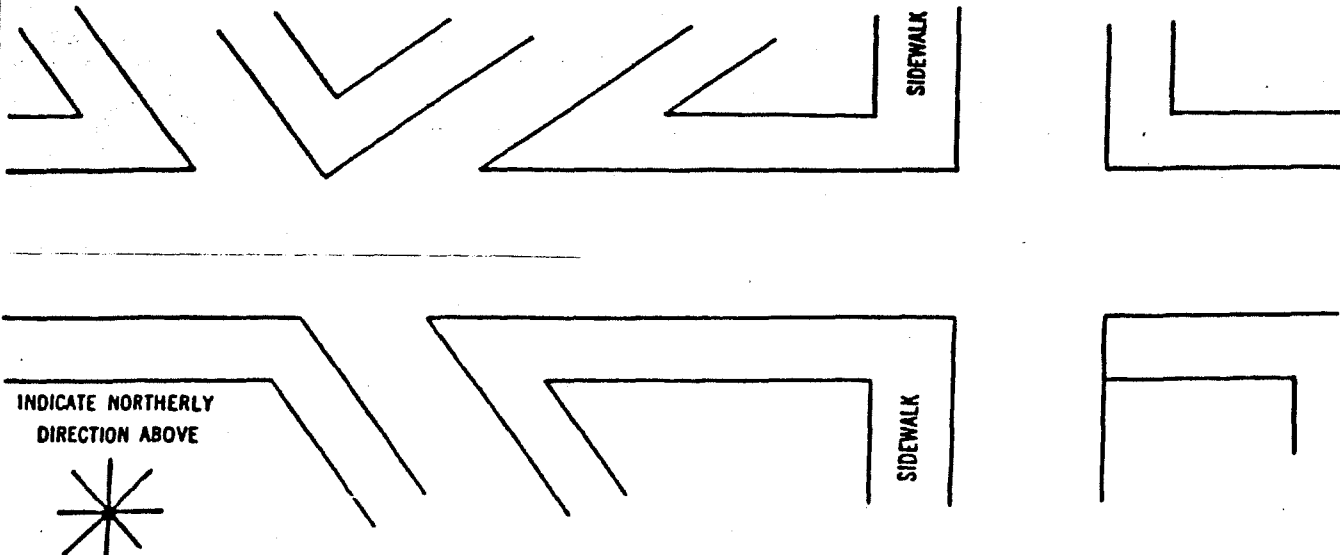
No. 7  
OTHER  
DETAILS

STATE HOW ACCIDENT HAPPENED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claimant's signature \_\_\_\_\_

No. 8  
SKETCH

IMPORTANT—PLEASE FILL IN DIAGRAM PRINTED BELOW, SHOWING POSITION OF AUTOMOBILES AND ANY INJURED PERSONS, WITH DIRECTIONS IN WHICH ANY WERE PROCEEDING.



DATE \_\_\_\_\_ 20 \_\_\_\_\_ Claimant's signature \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

I do solemnly swear and affirm under penalty of perjury that the above representations are true and correct to the best of my knowledge. I understand that false statements constitute fraud and will be referred to the State's Attorney for prosecution. I further swear and affirm that I have not been indemnified by an insurance company for the loss (es) that I now claim.