



VEHICLE ACCIDENT REPORT
 7225 Parkway Drive
 Hanover, Maryland 21076

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MEMBER CONTACT		DEPARTMENT CONTACT	
NAME AND ADDRESS	BUSINESS PHONE	NAME AND ADDRESS	BUSINESS PHONE
	WHEN TO CONTACT		WHEN TO CONTACT

LOSS INFORMATION			
CLAIM INCIDENT	DATE OF ACCIDENT	TIME OF ACCIDENT	AM PM
LOCATION OF ACCIDENT (nearest intersection, city, zip)		AUTHORITY CONTACTED:	PREVIOUSLY REPORTED? YES NO
DESCRIPTION OF ACCIDENT		REPORT#:	VIOLATIONS/CITATIONS MEM DRV OTH DRV
		CAUSE OF ACCIDENT	WAS AMBULANCE NECESSARY? YES NO

MEMBER DEPARTMENT VEHICLE			
UNIT#	YEAR	MAKE: MODEL:	BODY TYPE: V.I.N:
OWNER'S NAME & ADDRESS: (Check if same as Member)			PLATE NUMBER
DRIVER'S NAME			BUSINESS PHONE
DESCRIBE DAMAGE:		SHERIFF DRIVER'S DUTIES AT TIME OF ACCIDENT	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		
OWNER'S NAME AND ADDRESS:	BUSINESS PHONE		RESIDENCE PHONE
OTHER DRIVER'S NAME & ADDRESS: (Check if same as owner)	BUSINESS PHONE		RESIDENCE 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#
		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