MARYLAND MOTOR VEHICLE ACCIDENT REPORT

INSTRUCTIONS WHO MUST REPORT:
Regardless of fault, the operator of every motor vehicle involved in a motor vehicle accident within this State, which has resulted in death or personal injury, must report the accident to the Motor Vehicle Administration on this Accident Report, unless the accident was investigated by the Police and a report has been filed with the Maryland State Police. No Accident Report need be submitted to the Motor Vehicle Administration in instances where the accident resulted in property damage only.

VERY IMPORTANT – GIVE EXACT DATE AND HOUR OF ACCIDENT.

MONTH | DAY | YEAR

TIME _____ ☐ AM ☐ PM | DAY OF WEEK

LOCATION OF ACCIDENT

PLACE WHERE ACCIDENT OCCURRED (CITY, TOWN, ETC.) | COUNTY

STREET, ALLEY, ROAD, HIGHWAY NAME OR NUMBER WHERE ACCIDENT OCCURRED.

NUMBER OF VEHICLES INVOLVED _____ (USE ADDITIONAL FORMS IF MORE THAN THREE) | ACCIDENT INVOLVED: ☐ PEDESTRIAN ☐ OTHER MOTOR VEHICLE: ☐ _____ | ACCIDENT INVESTIGATED BY POLICE ☐ YES ☐ NO

DRIVER'S LICENSE INFORMATION COPY FROM YOUR DRIVER'S LICENSE	YOUR VEHICLE NO. 1	VEHICLE OWNER'S INFORMATION COPY FROM VEHICLE REGISTRATION CARD
DRIVER LICENSE NUMBER / EXPIRES / STATE	TAG NUMBER / STATE / YEAR / TITLE NUMBER	
SEX / DATE OF BIRTH / PHONE NUMBER	YEAR / MAKE AND MODEL / VEHICLE IDENTIFICATION NO.	
DRIVER'S FIRST NAME / MIDDLE NAME / LAST NAME	OWNER'S FIRST NAME / MIDDLE NAME / LAST NAME	
DRIVER'S ADDRESS	OWNER'S DRIVER'S LICENSE NO. / STATE / SEX / DATE OF BIRTH	
CITY / STATE / COUNTY / ZIP CODE	CO-OWNER'S FIRST NAME / MIDDLE NAME / LAST NAME	
NAME OF EMPLOYER	CO-OWNER'S DRIVER'S LICENSE NO. / STATE / SEX / DATE OF BIRTH	
ADDRESS OF EMPLOYER	OWNER'S STREET ADDRESS	
AMOUNT OR ESTIMATED AMOUNT OF DAMAGE TO THIS VEHICLE $	CITY / STATE / COUNTY / ZIP CODE	

CONTACT DRIVER OF THIS VEHICLE FOR INFORMATION	VEHICLE NO. 2	CONTACT OWNER OF THIS VEHICLE FOR INFORMATION
DRIVER LICENSE NUMBER / EXPIRES / STATE	TAG NUMBER / STATE / YEAR / TITLE NUMBER	
SEX / DATE OF BIRTH / PHONE NUMBER	YEAR / MAKE AND MODEL / VEHICLE IDENTIFICATION NO.	
DRIVER'S FIRST NAME / MIDDLE NAME / LAST NAME	OWNER'S FIRST NAME / MIDDLE NAME / LAST NAME	
DRIVER'S ADDRESS	OWNER'S DRIVER'S LICENSE NO. / STATE / SEX / DATE OF BIRTH	
CITY / STATE / COUNTY / ZIP CODE	CO-OWNER'S FIRST NAME / MIDDLE NAME / LAST NAME	
NAME OF EMPLOYER	CO-OWNER'S DRIVER'S LICENSE NO. / STATE / SEX / DATE OF BIRTH	
ADDRESS OF EMPLOYER	OWNER'S STREET ADDRESS	
AMOUNT OR ESTIMATED AMOUNT OF DAMAGE TO THIS VEHICLE	CITY / STATE / COUNTY / ZIP CODE	

VEHICLE NO. 3
(Other side)

COMPLETE BOTH SIDES AND MAIL REPORT TO:

MOTOR VEHICLE ADMINISTRATION
Insurance Compliance Division
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

ICD-030 (12-97)

CONTACT DRIVER OF THIS VEHICLE FOR INFORMATION			VEHICLE NO. 3			CONTACT OWNER OF THIS VEHICLE FOR INFORMATION	
DRIVER LICENSE NUMBER	EXPIRES	STATE	TAG NUMBER	STATE	YEAR	TITLE NUMBER	
SEX / DATE OF BIRTH	PHONE NUMBER		YEAR	MAKE AND MODEL		VEHICLE IDENTIFICATION NO.	
DRIVER'S FIRST NAME	MIDDLE NAME	LAST NAME	OWNER'S FIRST NAME	MIDDLE NAME		LAST NAME	
DRIVER'S ADDRESS			OWNER'S DRIVER'S LICENSE NO.	STATE	SEX	DATE OF BIRTH	
CITY	STATE	COUNTY ZIP CODE	CO-OWNER'S FIRST NAME	MIDDLE NAME		LAST NAME	
NAME OF EMPLOYER			CO-OWNER'S DRIVER'S LICENSE NO.	STATE	SEX	DATE OF BIRTH	
ADDRESS OF EMPLOYER			OWNER'S STREET ADDRESS				
AMOUNT OR ESTIMATED AMOUNT OF DAMAGE TO THIS VEHICLE			CITY	STATE		COUNTY ZIP CODE	

KILLED OR INJURED

1	FIRST NAME MIDDLE LAST NAME			ADDRESS		
	☐ KILLED ☐ INJURED	☐ DRIVER ☐ PASSENGER	IN VEHICLE NO. ____ ☐ PEDESTRIAN	AGE	SEX	NATURE OF INJURY
2	FIRST NAME MIDDLE LAST NAME			ADDRESS		
	☐ KILLED ☐ INJURED	☐ DRIVER ☐ PASSENGER	IN VEHICLE NO. ____ ☐ PEDESTRIAN	AGE	SEX	NATURE OF INJURY
3	FIRST NAME MIDDLE LAST NAME			ADDRESS		
	☐ KILLED ☐ INJURED	☐ DRIVER ☐ PASSENGER	IN VEHICLE NO. ____ ☐ PEDESTRIAN	AGE	SEX	NATURE OF INJURY
4	FIRST NAME MIDDLE LAST NAME			ADDRESS		
	☐ KILLED ☐ INJURED	☐ DRIVER ☐ PASSENGER	IN VEHICLE NO: ____ ☐ PEDESTRIAN	AGE	SEX	NATURE OF INJURY

PROPERTY DAMAGE (OTHER THAN MOTOR VEHICLES)

DAMAGE TO PROPERTY	AMOUNT OF DAMAGES $
DAMAGED PROPERTY OWNER'S NAME ADDRESS	

DESCRIBE THE ACCIDENT IN DETAIL AND INCLUDE ROAD AND WEATHER CONDITIONS. (REFER TO YOUR VEHICLE AS NO. 1, OTHERS AS 2, 3, ETC.)

INSURANCE INFORMATION MUST BE COMPLETED.

NAME OF LIABILITY INSURANCE CO.	
ADDRESS OF INSURANCE CO.	
NAME OF INSURANCE AGENT	POLICY NUMBER
ADDRESS OF AGENT	EFFECTIVE DATE

SIGN HERE — SIGNATURE OF PERSON MAKING REPORT — ADDRESS — DATE — ☐ OWNER ☐ DRIVER