
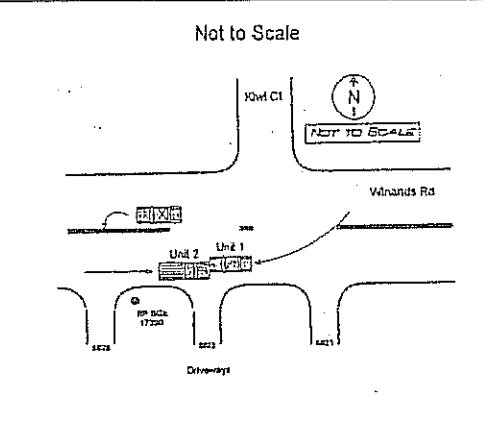


State of Maryland Motor Vehicle Accident Report

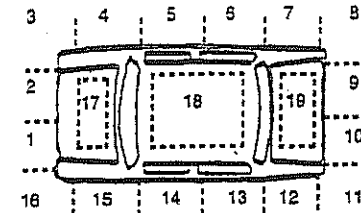
REPORT NO. 1139	PAGE OF 1 of 6	ACCIDENT DATE 07/20	ACCIDENT TIME 1342	REPORT TYPE <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PDD <input type="checkbox"/> HIT&RUN <input type="checkbox"/> NON-TRAFFIC	RESEARCH 00	LOCAL CASE NO. 08	LOCAL NO.	PHOTO(S) <input type="checkbox"/> NO <input type="checkbox"/> YES		
INVESTIGATING OFFICER ID [REDACTED]	AGENCY & AREA AE SOD	SUPERVISING OFFICER ID [REDACTED]	REVIEWER ID [REDACTED]	CODE AND NAME OF MUNICIPALITY 000	COUNTY 03					
RD CHAR 02	RTE NUM CC 2200	ROAD NAME Winands Road	IN LANE E1	TRAF SIG <input type="checkbox"/> NO <input type="checkbox"/> YES	ON RAMP <input type="checkbox"/> NO <input type="checkbox"/> YES	Ramp Number (Direction) 0-Not Ramp	IN INTERSECTION <input type="checkbox"/> NO <input type="checkbox"/> YES			
RD COND 01	INT-RTE UU 0000	INTERSECTING ROAD NAME or Log Mile Reference Manual description Kiwi Court	MILEPT UU	DIR UU	Dist of Accident from INT-RTE/Highway 00	Dist of Accident from INT-RTE/Highway 00	Dist of Accident from INT-RTE/Highway 00			
RD DIV 01	ACCIDENT DIAGRAM Show & Label Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units	NORTH 		DESCRIBE ACCIDENT Briefly, identify units by numbers. Also identify the following: a) the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicles) and b) the NAME AND ADDRESS OF OWNER when applicable						
SPF COND 02	 <p style="text-align: center;">Not to Scale</p>		<p>Unit #2 was traveling eastbound on Winands Road at Kiwi Court. A vehicle was stopped in the westbound travel lane of Winands Road waiting to make a left turn into the driveway of [REDACTED] Winands Road. Unit #1 was traveling westbound on Winands Road at Kiwi Court and swerved to the left (possibly to avoid the stopped vehicle) crossing the double yellow lines striking Unit #2 head on.</p>							
CAN ZONE <input type="checkbox"/> NO <input type="checkbox"/> YES	JUNCTN 02	EVENT-1 01	EVENT-2 00	FIX OBJ 00	COLL TY 01	LIGHT 01	WEATHER 01	107: C 108: Medic 19 109: Sinai [REDACTED]		
UNIT# 01	NAME (First, Middle, Last) James [REDACTED]	SEX 01	UNIT# 02	NAME (First, Middle, Last) Carl [REDACTED]	SEX 01					
TYPE OF UNIT <input type="checkbox"/> DRIVER <input type="checkbox"/> PED	ADDRESS (No., Street, City, State, Zip) [REDACTED] Heights Avenue Baltimore, MD 21216	TEL Work Res 410 [REDACTED]	INJ 04	ADDRESS (No., Street, City, State, Zip) [REDACTED] Mill Road Baltimore, MD 21244	TEL Work Res 410 [REDACTED]	INJ 04				
MOVEMENT 08	CONDITN UU	SUBST UU	TEST 00	RESULT ---	FOR PEDS ONLY ---	AGE ---	TYPE ---	LOCATN ---	OBEY ---	VISIBL ---
SPEED LIMIT 30	SAF EQU 32	EQ PROB 01	EJECT 01	CITATION NUMBER (S) Re-exam	84 FAULT <input type="checkbox"/> NO <input type="checkbox"/> YES	SPEED LIMIT 30	SAF EQU 32	EQ PROB 01	EJECT 01	CITATION NUMBER (S) None
GOING 04	DRIVER'S LICENSE NUMBER H- [REDACTED]	STATE MD	CLASS C	GOING 03	DRIVER'S LICENSE NUMBER J- [REDACTED]	STATE MD	CLASS C			
CONTINU 04	OR DATE OF BIRTH 07/30	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS	HA SPILL <input type="checkbox"/> NO <input type="checkbox"/> YES	HAZMAT NUMBER ---	CONTINU 03	OR DATE OF BIRTH 12/27	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS	HA SPILL <input type="checkbox"/> NO <input type="checkbox"/> YES	HAZMAT NUMBER ---	
BODY TYP 02	COMMERCIAL VEHICLE ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES	U.S. DOT NUMBER ---	ICC NUMBER ---	BODY TY <input type="checkbox"/> NO <input type="checkbox"/> YES	BODY TYP 20	COMMERCIAL VEHICLE ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES	U.S. DOT NUMBER ---	ICC NUMBER ---	BODY TY <input type="checkbox"/> NO <input type="checkbox"/> YES	
MOST HE 01	OWNER OR CARRIER NAME (Write "SAME" if Driver) Same	TEL Work Res Same	MOST HE 01	OWNER OR CARRIER NAME (Write "SAME" if Driver) Same	TEL Work Res Same					
CONTRIB CIRCUMSTANCE 15	OWNER/CARRIER ADDRESS Same	TOWED VEHICLE(S) 00 00 00	CONTRIB CIRCUMSTANCES 15	OWNER/CARRIER ADDRESS Same	TOWED VEHICLE(S) 00 00 00					
82-2 YEAR & MAKE OF VEHICLE 07 00 Oldsmobile	MODEL Alero	86 1 ST IMPACT PT 01	82-2 YEAR & MAKE OF VEHICLE 04 04 Toyota	MODEL Tundra	86 1 ST IMPACT PT 01					
82-3 EXP YR & REGISTR # STATE 00 [REDACTED] MD	AREAS DAMAGED 01 02 03	INSURER Geico	82-3 EXP YR & REGISTR # STATE 00 [REDACTED] MD	AREAS DAMAGED 01 02 03	INSURER Encompass					
82-4 VEHICLE ID NUMBER 00 [REDACTED]	POLICY NUMBER [REDACTED]	82-4 VEHICLE ID NUMBER 00 [REDACTED]	POLICY NUMBER [REDACTED]							
DAM EXT 04	VEHICLE REMOVED BY Pikesville	VEHICLE REMOVED TO Lot	DAM EXT 04	VEHICLE REMOVED BY Pikesville	VEHICLE REMOVED TO Lot					
TRAFFIC UNIT # 02	SEATING POSITION 03	CODE all injured & uninjured PASSENGERS below. Use "V" for victims in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of Injured Passengers and Witness.	SEX 01	AGE 56	SAFETY EQUIP 32	EQUIP PROB 01	INJUR SEVER 04	EJECTION 01	EMS UNIT C	
WW	WW	Hazel [REDACTED] Randallstown 21133	02	64	00	00	00	00	00	
WW	WW	Audrey [REDACTED] Rd Baltimore 21334	02	38	00	00	00	00	00	
E UNIT A	INJURED TAKEN BY: Medic 325	INJURED TAKEN TO: Sinai	EMS RUN REPORT# [REDACTED]	E UNIT B	INJURED TAKEN BY: Trooper	INJURED TAKEN TO: Shock Trauma	EMS RUN REPORT# UU			

AUG 06 2008

CODES FOR MOTOR VEHICLE ACCIDENT REPORT

UNIVERSAL ACCIDENT CODES: 00 Not Applicable 99 Other 99 or UU Unknown

<p>16 ROAD CHARACTER</p> <p>01 Straight & Level</p> <p>02 Straight & Grade</p> <p>03 Straight & Hillcrest</p> <p>04 Curve & Level</p> <p>05 Curve & Grade</p> <p>06 Curve & Hillcrest</p> <p>07 On Bridge</p>	<p>39 FIXED OBJECT STRUCK</p> <p>01 Bridge-Overpass</p> <p>02 Building</p> <p>03 Culvert-Ditch</p> <p>04 Curb</p> <p>05 Guardrail-Barrier</p> <p>06 Embankment</p> <p>07 Fence</p> <p>08 Light Support Pole</p> <p>09 Sign Support Pole</p> <p>10 Other Pole</p> <p>11 Tree-Shrubby</p> <p>12 Construction Barrier</p> <p>13 Crash Attenuator</p>	<p>57 Getting On/Off Vehicle</p> <p>58 Push/Work on Vehicle</p> <p>59 Other Working</p> <p>60 Hitchhiking</p> <p>61 Approach/Leave School Bus</p>
<p>19 IN LANE:</p> <p>Direction (Pos.1)</p> <p>N North</p> <p>E East</p> <p>S South</p> <p>W West</p> <p>P Parking</p> <p>Number (Pos. 2)</p> <p># (Lane # 0 thru 9)</p> <p>R Right Turn</p> <p>L Left Turn</p> <p>A Acceleration</p> <p>D Deceleration</p> <p>S Shoulder</p> <p>X Crossover</p> <p>O Off road</p> <p>G Gore</p> <p>M Median</p> <p>L (Parking) Lot</p>	<p>40 COLLISION TYPE (Veh-to-Veh)</p>	<p>51 CONDITION</p> <p>01 Apparently Normal</p> <p>02 Had Been Drinking</p> <p>03 Using Drugs</p> <p>04 Physical Defects</p> <p>05 Other Handicaps</p> <p>06 Ill</p> <p>07 Fatigued</p> <p>08 Apparently Asleep</p>
<p>24 ROAD CONDITION</p> <p>01 No Defects</p> <p>02 Shoulder Defect</p> <p>03 Holes, Ruts, Etc.</p> <p>04 Foreign Material</p> <p>05 Loose Surface Material</p> <p>06 Obstruction Not Lighted</p> <p>07 Obstruct. Not Signaled</p> <p>08 View Obstructed</p>	<p>41 LIGHT</p> <p>01 Daylight</p> <p>02 Dawn or Dusk</p> <p>03 Dark Street Lights On</p> <p>04 Dark No Street Lights</p>	<p>52 SUBSTANCE DETECTED</p> <p>01 No Substance Detected</p> <p>11 Alcohol Present</p> <p>12 Illegal Drug Present</p> <p>13 Medication Present</p> <p>14 Combined Subst. Present</p> <p>21 Alcohol Contributed</p> <p>22 Illegal Drug Contributed</p> <p>23 Medication Contributed</p> <p>24 Combination Contributed</p>
<p>30 ROAD DIVISION</p> <p>01 Not Divided</p> <p>02 One Way Road or Street</p> <p>03 Divided: Median strip without Barrier</p> <p>04 Divided: Median strip with Barrier</p>	<p>42 WEATHER</p> <p>01 Clear or Cloudy</p> <p>02 Foggy</p> <p>03 Raining</p> <p>04 Snow or Sleet</p> <p>05 Severe winds</p>	<p>53 TEST ADMINISTERED</p> <p>01 Test (a) Refused</p> <p>02 Positive Prelim. Test</p> <p>03 Evidence Test Given</p>
<p>34 SURFACE CONDITION</p> <p>01 Wet</p> <p>02 Dry</p> <p>03 Snow</p> <p>04 Ice</p> <p>05 Mud</p>	<p>45 SEX</p> <p>01 Male</p> <p>02 Female</p>	<p>56 PED TYPE</p> <p>01 Pedestrian</p> <p>02 Bicyclist</p> <p>03 Other Pedalcyclist</p> <p>04 Rider of animal</p> <p>05 In animal-drawn vehicle</p> <p>06 Machine operator/rider</p> <p>07 Other Conveyance</p>
<p>36 JUNCTION RELATIONSHIP</p> <p>01 Non-Intersection</p> <p>02 Intersection</p> <p>03 Intersection Related</p> <p>04 Driveway Access</p>	<p>48 INJURY</p> <p>01 Not Injured/not known</p> <p>02 Possible Injury</p> <p>03 Inj.-not incapacitated</p> <p>04 Disabled (Incapacitated)</p> <p>05 Fatal</p>	<p>57 PED LOCATION</p> <p>01 Shoulder</p> <p>02 Curb</p> <p>03 Sidewalk</p> <p>04 Outside Right of Way</p> <p>05 On Roadway at Crosswalk</p> <p>06 On Roadway Not at Crosswalk</p> <p>07 In School Bus Zone</p> <p>08 In Bikeway</p>
<p>37 HARMFUL EVENT - 1</p> <p>38 HARMFUL EVENT - 2</p> <p>Collision With:</p> <p>01 Other Motor Vehicle in Transport</p> <p>02 Parked Motor Vehicle</p> <p>03 Pedestrian</p> <p>04 Bicycle</p> <p>05 Other Pedalcycle</p> <p>06 Other Conveyance</p> <p>07 Railway Train</p> <p>08 Animal</p> <p>09 Fixed Object</p> <p>10 Other Object</p> <p>Non-Collision:</p> <p>11 Overturn</p> <p>12 Spilled Cargo</p> <p>13 Jackknife</p> <p>14 Separation of Units</p> <p>15 Other Non-Collision</p> <p>16 Off Road</p> <p>17 Downhill Runaway</p> <p>18 Explosion or Fire</p>	<p>50 MOVEMENT</p> <p>Vehicle Movement</p> <p>01 Moving Consent Speed</p> <p>02 Accelerating</p> <p>03 Slowing or Stopping</p> <p>04 Starting from Traffic Lane</p> <p>05 Starting from Parked Position</p> <p>06 Stopped in Traffic Lane</p> <p>07 Changing Lanes</p> <p>08 Passing</p> <p>09 Parking</p> <p>10 Parked</p> <p>11 Backing</p> <p>12 Making Left Turn</p> <p>13 Making Right Turn</p> <p>14 Making Right Turn on Red</p> <p>15 Making U Turn</p> <p>16 Skidding</p> <p>17 Driverless Moving Vehicle</p> <p>PED Movement</p> <p>51 Cross/Enter at Intersection</p> <p>52 Cross/Ent Not at Intersection</p> <p>53 Walking/Riding with Traffic</p> <p>54 Walking/Ride Against Traffic</p> <p>55 Playing</p> <p>56 Standing (continued)</p>	<p>58 PED OBEDIENCE</p> <p>01 No pedestrian signal</p> <p>02 Obeyed pedestrian signal</p> <p>03 Disobeyed ped. signal</p> <p>04 Ped. signal malfunction</p>
		<p>61 DR SAFETY EQUIP USE</p> <p>01 None</p> <p>11 Lap Belt Only</p> <p>12 Shoulder Belt Only</p> <p>13 Shoulder/Lap Belt (a)</p> <p>14 Child/Youth Restraint</p> <p>21 MC/Bike Helmet</p> <p>22 MC/Bike Eye Shield Only</p> <p>23 MC/Bike Helmet & Shield</p> <p>31 Air Bag (Only)</p> <p>32 Air Bag & Belt (a)</p>
		<p>62 DR EQUIPMENT PROBLEM</p> <p>01 No Misuse/Problem (Use OK)</p> <p>11 Belt (a) Anchor (a) Broke</p> <p>13 Belt (a) Misused</p> <p>31 Air Bag Failed to Deploy</p>

63	DR. EJECTION 01 Not ejected: not trapped 02 Fully Ejected 03 Partially Ejected 04 Trapped	82-1/2/3/4 CONTRIB CIRCUMSTANCE <u>Driver/Ped/Cyclist</u> 01 Under influence of drugs 02 Under influence of alcohol 03 Under infl. of medication 04 Under combined influence 05 Physical/ment. difficulty 06 Fell asleep, fainted, etc. 07 Failed to give full time and attention 08 Did not comply with license restrictions 09 Failure to drive within a single lane 10 Improper right turn on red 11 Fail: yield right of way 12 Fail: obey stop sign 13 Fail: obey traffic sign 14 Fail: obey other traffic control 15 Fail: keep right of center 16 Fail: stop for school bus 17 Wrong way on one way road 18 Exceeded speed limit 19 Operator using a cellular telephone 20 Stopping in lane/roadway 21 Too fast for conditions 22 Followed too closely 23 Improper turn 24 Improper lane change 25 Improper backing 26 Improper passing 27 Improper signal 28 Improper parking 29 Interference/Obstruction by passenger	87/88 90	FIRST/MAIN IMPACT PTS (VEH) AREAS DAMAGED FRONT 
66/70	(DIRECTION) GOING/CONTINU 01 North 02 South 03 East 04 West			17 Hood 18 Roof/Top 19 Trunk 20 Windshield 21 Windows 22 Underside 23 Overtum (overall)
75	(VEH) BODY TYPE 01 Motorcycle 02 Automobile 03 Station Wagon 04 Limousine 05 Single Truck 2 axles 06 Single Truck 3 axles 07 Truck Tractor 08 Recreational Vehicle 09 Farm Vehicle 10 Transit Bus 11 Cross Country Bus 12 School Bus 13 Ambulance/Emergency 14 Ambulance/Non-Emergency 15 Fire Vehicle/Emergency 16 Fire Vehicle/Non-Emergency 17 Police Veh/Emergency 18 Police Veh/Non-Emergency 19 Moped 20 Pickup Truck 21 Van			94 (VEH) DAMAGE EXTENT 01 No Damage 02 Superficial or Minor 03 Functional 04 Disabling 05 Destroyed
78	COMM BODY TYPE 01 Bus 02 Van/Encl. Box 03 Truck-Tractor 04 Cargo Tank 05 Flatbed 06 Dump 07 Concrete Mixer 08 Auto Transporter 09 Garbage/Refuse	<u>Ped/Cyclist ONLY</u> 31 Illegally in roadway 32 Bicycle violation 37 Clothing not visible <u>Environment</u> 41 Smog, smoke 42 Sleet, hail, freeze, rain 43 Blowing sand, soil, dirt 44 Severe crosswinds 45 Rain, snow 46 Animal 47 Vision obstruction (incl. blinded by sun or lights)		98 SEAT POSITION 01 Driver/Mcycle Operator 02 Center Front Seat 03 Right Front Seat 04 Left Rear/MC Passenger 05 Center Rear Seat 06 Right Rear Seat 07 Other Seat IN Vehicle 08 In Cargo Area 09 OUTSIDE Vehicle
80	(VEH) MOST HARMFUL EVENT <u>Collision With:</u> 01 Other Motor Vehicle in transport 02 Parked Motor Vehicle 03 Pedestrian 04 Bicycle 05 Other Pedalcycle 06 Other Conveyance 07 Railway Train 08 Animal 09 Fixed Object 10 Other Object <u>Non-collision:</u> 11 Overtum 12 Spilled Cargo 13 Jackknife 14 Separation of Units 15 Other Non-Collision	51 Brakes 52 Tires 53 Steering 54 Lights 55 Windows/windshield 56 Wheel (s) 57 Trailer coupling 58 Cargo 59 Engine trouble <u>Road</u> 61 Wet 62 Icy or slushy 63 Debris or obstruction 64 Ruts, holes, bumps 65 Road under const./maint. 66 Traffic control device inoperative 67 Shoulders low, soft, high		100 SEX 01 Male 02 Female
				102 SAFETY EQUIPMENT USE 01 None 11 Lap Belt Only 12 Shoulder Belt Only 13 Shoulder/Lap Belt (s) 14 Child/Youth Restraint 21 MC/Bike Helmet 22 MC/Bike Eye Shield Only 23 MC/Bike Helmet & Shield 31 Air Bag (Only) 32 Air Bag & Belt (s)
				103 EQUIPMENT PROBLEM <u>Adult/Youth Restraint</u> 01 No Misuse/Problem (Use OK) 11 Belt (s) Anchor (s) Broke 13 Belt (s) Misused 31 Air Bag Failed to Deploy <u>Child Restraint</u> 42 Facing Wrong Way 43 Not Anchored Right 44 Anchor Not Secure 45 Not Strapped Right 46 Strap/Tether Loose 47 Size/Type Improper
		84 (VEH) TOWED VEHICLES 01 1 Semi trailer 02 Semi - 1 Full Trailer 03 1 Full Trailer 04 2 Full Trailers 05 3 Trailers 06 Automobile 07 Utility Trailer 08 Boat Trailer 09 Camper 10 Travel/Home Trailer 11 Mobile Home 12 Farm Equipment		104 PASS. INJURY SEVERITY 01 Not Injured/not known 02 Possible Injury 03 Inj. - not incapacitated 04 Disabled (incapacitated) 05 Fatal
				105 EJECTION 01 Not ejected: not trapped 02 Fully ejected 03 Partially ejected 04 Trapped