

STATE OF MARYLAND AUTOMOBILE LOSS REPORT

State Treasurer's Office

Insurance Division

80 Calvert Street

Annapolis, MD 21401

800-942-0162 410-260-7684 Fax 410-974-2865

Agency Name & Location:		Contact's Name & Address:	
Phone #		Phone #	
Date of Accident:		Time: AM/PM	
Location of Accident:			
Description of Accident:			
Police Authority Contacted: Yes No		Report #:	
Police Jurisdiction/Department:			
Agency Vehicle		Driver Using Vehicle With Permission? Yes No	
Year:	Make:	Model	Tag # VIN:
Owner:		Driver's Name:	
		Driver's Address:	
Phone #:		Date of Birth:	
Contact Person:		Phone #:	
Describe Vehicle Damage:			
Other Vehicle or Property Damaged			
Identify Vehicle or Property: Year: Make: Model: Tag #:			
Insured? Y/N Name of Insurance Company:			
Owner's Name:		Driver's Name:	
Address:		Address:	
Phone #		Phone #	
Describe Vehicle Damage:			
Injured Persons:			
Name & Address:		Name & Address	
Phone #	Age:	Phone #	Age:
Witnesses or Passengers:			
Name & Address:		Name & Address:	
Phone #		Phone #	
Reported by (Please Print or Type Name)		Signature:	
Phone #		Date:	

Section C

INSTRUCTIONS FOR COMPLETING MOTOR VEHICLE ACCIDENT INVESTIGATION GUIDE (FS-1)

A Motor Vehicle Accident Investigation Guide (FS-1) is completed each time an AUTO LOSS REPORT form is completed and submitted to the Insurance Coordinator. The driver completes the first page of the form. The second page is then completed and reviewed by the supervisor and subsequently by the agency Accident Review Board with the appropriate comments entered into the spaces provided. **PLEASE DO NOT DELAY THE SUBMISSION OF THE AUTO LOSS REPORT FORM PENDING COMPLETION OF THE FS-1.**

The Motor Vehicle Accident Investigation Guide (FS-1 is attached) **must be completed by the driver within 48 hours of the incident** and reviewed by the driver's supervisor for accuracy and completeness within 72 hours.

Upon completion of the driver's section, the supervisor reviews this information and completes the "Accident Review by Supervisor" section of the FS-1. For interpretations of preventable accidents, please refer to the Accident Definitions located in Section G of this Appendix. After the completion of the driver's section and the supervisor's section the FS-1 is forwarded to your agency's Insurance Coordinator and Accident Review Board for processing.

MOTOR VEHICLE ACCIDENT INVESTIGATION GUIDE (FORM FS-1)

THIS SECTION TO BE COMPLETED BY DRIVER

1. State Agency/Department: _____ 2. Agency Budget Code: _____
3. Driver's Name: _____ 4. Unit/Section: _____
5. Classification: _____ 6. Date & Time of Accident: _____
7. Location of Accident: _____ 8. Driver's License #: _____

9. Conditions (Please circle all that apply):

- | | | |
|--------------------------|-------------|-------------------------------|
| Daylight | Clear | Wet |
| Dawn | Cloudy | Ice |
| Dusk | Foggy | Vehicle Defect Specify: _____ |
| Dark (street lights on) | Rain | Unknown |
| Dark (street lights off) | Snow | |
| Dark (no street lights) | Severe Wind | |

10. Accident Investigation Information:

- a. State Police Yes No
b. Local Police Yes No
- b. Were citations issued to:
- (1) State Driver Yes No
(2) Other Driver Yes No

11. Was State driver/passenger injured? Yes No
Were restraints in use? Yes No

12. Detailed Description of Accident: _____

Diagram: Below

13. Insurance Information for Other Vehicle:

Company: _____

Policy #: _____

State Vehicle Tag # of other vehicle: _____

ACCIDENT REVIEW BY SUPERVISORS

1. Driver's Name: _____ 2. State Vehicle Tag #: _____

3. Number of Accidents Within the Last 3 Years: _____ 4. Points on Driving Record: _____

5. I have reviewed this accident with the driver involved and have the following additional comments:

6. Was this accident preventable by State driver? Yes _____ No _____

7. Date: _____ Name: _____ Position: _____

8. Supervisor's Signature: _____ Phone: _____

Accident Review Board

1. An investigation and review of this accident in accordance with the State Motor Vehicle Accident Prevention Program indicates that it should be judged:
Preventable _____ Non-Preventable _____

2. Consideration of the facts indicates the following would be helpful in avoiding such accidents in the future:

3. Corrective action, if accident is found to be preventable. Please check all that apply.

- _____ 1. Verbal counseling.
- _____ 2. Require attendance at a driver improvement program/written reprimand.
- _____ 3. Temporary denial of driving privileges in a State vehicle.
- _____ 4. Permanent denial of driving privileges in a State vehicle.
- _____ 5. Suspension of one or more days in compliance with MD Personnel Rules.
- _____ 6. Requirement to reimburse State for damages to State property.

4. Date Driver Notified: _____ Driving Record Noted: () Yes () No

5. Review Board Signatures:

Section D

ACCIDENT REVIEW BOARD WORK SHEET (FS-2)

Documentation of Accident Review Board and agency determinations are to be maintained on the Accident Review Board Work Sheet found at the end of this section. Completed work sheets with copies of the appropriate AUTO LOSS REPORT form, FS-1 and FS-3 forms are to be maintained on file by the agency.

ACCIDENT REVIEW BOARD WORK SHEET (FORM FS-2)

Description of Accident:

Driver's License #: _____ Date of Occurrence: _____
License Tag No: _____ Date Notified: _____
Operator's Supervisor: _____
Attachments: _____

Date Operator _____ Advised _____
Notified of Hearing: _____ to have Counsel: _____ Y _____ N
Date(s) of Hearing(s) _____, _____, _____
Decision: _____

- Preventable Accident
- Unpreventable Accident

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Recommended Board Actions:

Appeal Entered: _____ Y _____ N Date of Appeal: _____

Result of Appeal:

Agency Head Approval: (Corrective Action Only, i.e., Reprimand, Restitution, etc.)

Signature: _____ Date: _____

Disposition of Report: _____

Date Case Closed: _____