

**ANNE ARUNDEL COUNTY POLICE DEPARTMENT
DEPARTMENTAL ACCIDENT INVESTIGATION SUMMARY
(MUST BE COMPLETED BY A SUPERVISOR)**

CASE #:
STARS #:

ACCIDENT INFORMATION

DATE:	TIME:	LOCATION:
AT- SCENE INVESTIGATOR:	ID #:	ASSIGNMENT:

OFFICER'S INFORMATION

DRIVER:	ID #:	ASSIGNMENT:
VEHICLE ASSIGNED TO (OFFICER'S NAME):	ID#:	

OFFICER'S STATUS AT TIME

(CHECK ALL THAT APPLY)

On - Duty
 Off - Duty
 Secondary Employment
 Responding to Call
 Pursuit

TYPE OF CALL:	DESCRIBE ACTIVITY:
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INJURIES

(CHECK ALL THAT APPLY)

<u>POLICE INJURED</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>HOSPITALIZED</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>INJURY SEVERITY</u> <input type="checkbox"/> Incapacitating <input type="checkbox"/> Non - Incapacitating
<u>OTHER DRIVER INJURED</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>HOSPITALIZED</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>INJURY SEVERITY</u> <input type="checkbox"/> Incapacitating <input type="checkbox"/> Non - Incapacitating

VEHICLE INFORMATION

(CHECK ALL THAT APPLY)

POLICE VEHICLE NUMBER (6 DIGIT COUNTY VEHICLE NUMBER):					
<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>TAG NUMBER</u>	<u>MARKED</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>EMERGENCY STATUS</u> <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY EQUIPMENT IN USE AT TIME OF ACCIDENT

None
 Siren
 Bar Lights
 4 Way Flashers
 Dash Lights
 Wig Wags
 Corner Strobes

<u>DAMAGE TO POLICE VEHICLE</u> <input type="checkbox"/> None <input type="checkbox"/> Operable <input type="checkbox"/> Non - Operable	<u>DAMAGE TO OTHER VEHICLE</u> <input type="checkbox"/> None <input type="checkbox"/> Operable <input type="checkbox"/> Non - Operable
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ACCIDENT SUMMARY

SUPERVISOR'S DETERMINATION OF CAUSE

(COMPLETE ALL THAT APPLY)

<input type="checkbox"/> Police Driver At-Fault	<input type="checkbox"/> Other Driver At-Fault
PRIMARY:	PRIMARY:
SECONDARY:	SECONDARY:
CONTRIBUTING FACTORS:	CONTRIBUTING FACTORS:

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INVESTIGATIVE REQUIREMENTS

(CHECK ALL THAT APPLY)

REQUIREMENTS COMPLETED

- | | | |
|---|---|---|
| <input type="checkbox"/> MAARS Report | <input type="checkbox"/> County Vehicle Accident or Damage Report | <input type="checkbox"/> Driver's Statement(s) |
| <input type="checkbox"/> Witness Statement(s) | <input type="checkbox"/> Accident Investigation Summary | <input type="checkbox"/> Required Photographs |
| <input type="checkbox"/> Entered into STARS | <input type="checkbox"/> Traffic Safety Section Assistance Required | <input type="checkbox"/> Vehicle Inventory Report (s) |

SUPERVISOR'S COMMENTS

COMMENTS:

SUPERVISOR'S NAME:	ID #:	SIGNATURE:
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PLATOON/SECTION COMMANDER'S REVIEW

COMMENTS:

COMMANDER'S NAME:	ID #:	SIGNATURE:
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DISTRICT/DIVISION COMMANDER'S REVIEW

COMMENTS:

COMMANDER'S NAME:	ID #:	SIGNATURE:
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