



OFFICE OF THE SHERIFF
ST. MARY'S COUNTY, MARYLAND



APPLICATION FOR RELEASE OF ACCIDENT REPORT

ACCIDENT DATE: TIME: FATAL ACCIDENT: YES NO
ACCIDENT LOCATION (INTERSECTION / STREET NAME):
LOCAL AREA REPORT NUMBER: OFFICER / ID#:
NAME OF DRIVERS, PASSENGERS OR PEDESTRIANS:

REQUESTOR'S NAME AND ADDRESS (PLEASE PRINT)

REQUESTOR'S NAME: TELEPHONE NUMBER:
STREET ADDRESS, CITY, STATE, ZIP CODE:
AGENCY/COMPANY: TELEPHONE NUMBER:

POLICY STATEMENT

On May 21, 2008 HB 488, SB 796 repealed the portion of Transportation Article, 20-110 requiring disclosure/qualification that the report requestor is a party interest. The policy of the SMCSO is to request this optional information. HB 488, SB 796 provides that a person may not, for personal gain, access a report for the purpose of soliciting another person to sue or to retain a lawyer to represent the other person.

PARTY OF INTEREST (optional)

- Person Involved (indicate whether driver, passenger, property owner, pedestrian, registered owner):
Legal representative for a person involved in the accident (indicate whether attorney, guardian, conservator):
Representative of Insurance Company or Insurance Adjusting Agency for persons involved in the motor vehicle accident (Indicate Policy or Claim Number):
A State's Attorney or other prosecutor (indicate county/state):
A representative of a victim's services organization (indicate name of organization):
An employee of a radio or television station licensed by the FCC (indicate call letters):
An employee of a newspaper (indicate name):
A unit of local, State, or federal government that is authorized access to report (indicate name):

QUALIFICATIONS FOR RECEIPT OF AN ACCIDENT REPORT

- A valid Driver's License or other State-issued Identification Card (attach copy).
Sign written statement below.

WRITTEN STATEMENT/ACKNOWLEDGMENT (must be accompanied by a signature of acknowledgment)

A person who obtains a report in violation of this statute is guilty of a felony and on conviction is subject to fine not exceeding \$10,000.00 or imprisonment not exceeding fifteen (15) years or both.

By signing, I am acknowledging that I have read and understand the policy statement above, I have provided the required documentation and I will not use the report for personal gain, access a report for the purpose of soliciting another person to sue or to retain a lawyer to represent the other person.

SIGNATURE OF REQUESTOR

DATE SIGNED

SIGNATURE AND ID NUMBER OF OFFICER/REVIEWER

DATE SIGNED

REQUEST APPROVED? YES NO

FEE: \$5.00 CASH OR MONEY ORDER-NO CHECKS

MAIL REQUESTS TO: St Mary's County Sheriff's Office, Attention: Records Section, 23150 Leonard Hall Drive, Leonardtown, MD 20650