

STATE OF MARYLAND MARYLAND DEPARTMENT OF STATE POLICE APPLICATION FOR RELEASE OF ACCIDENT REPORT		ACCIDENT DATE	OFFICE USE ONLY	
ACCIDENT LOCATION / CITY / COUNTY		LOCAL AREA REPORT NUMBER	MAARS NUMBER	DATE REPORT FILED AT AGENCY/ MICROFILMED AT CRD
FATAL ACCIDENT YES NO		NAME OF DRIVERS OR PEDESTRIANS		DATE REQUEST RECEIVED
				BATCH ROLL FRAME

REQUESTOR'S NAME AND ADDRESS (Please print)

REQUESTOR'S NAME	NUMBER AND STREET, CITY, STATE, ZIP CODE		
AGENCY / COMPANY	SIGNATURE (I DECLARE UNDER PENALTY OF PERJURY THAT I AM THE PARTY OF INTEREST AS CHECKED BELOW)	DATE SIGNED	

PARTY OF INTEREST (check and complete one ONLY)

- 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*):

POLICY STATEMENT

On May 17, 2007, Transportation Article 20-110 was signed into law by the Governor of Maryland. On October 1, 2007, **parties of interest** requesting accident reports filed with Maryland law enforcement agencies must adhere to restrictions pertaining to the release of motor vehicle accident reports that are requested within sixty days of the filing with the agencies records repository.

A person requesting a copy of a motor vehicle accident report capturing an accident investigated by a Maryland law enforcement agency, within sixty days of the filing with the agencies records repository, shall present, in person or by mail, to the officer of the law enforcement agency in which the report was filed the following qualifications:

QUALIFICATIONS FOR RECEIPT OF AN ACCIDENT REPORT (check and complete)

- A valid Driver's License or other state-issued Identification Card (*attach copy*):
- Proof that the person (requestor) is a person authorized to receive the report:
- A written statement indicating that from the time the person is granted access to the report until sixty-days after the date the report is filed (*attach copy*):
 - The report will not be used for any commercial solicitation of an individual in the report; and*
 - The person will not knowingly disclose any information contained in the report to a third party for commercial solicitation of an individual listed in the report*

ACKNOWLEDGEMENT (must be accompanied by a signature of acknowledgement)

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 am a party of interest. I have provided the required documentation and that I will not use the report, or any information obtained from it, for commercial solicitation of parties named in the report, nor will I disclose any information contained in the report to a third party for commercial solicitation of any kind.

SIGNATURE OF REQUESTOR	DATE SIGNED	SIGNATURE AND ID NUMBER OF OFFICER/REVIEWER	DATE SIGNED	REQUEST APPROVED?	
				YES	NO