

Wisconsin Motor Vehicle Accident Report

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Marks



Reportable Accident

County:

MUN/TWP:

Accident Date

MONTH: DAY: YEAR:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Time of Accident (Military Time)

HOUR: MIN.:

Total Number

UNITS: INJURED: KILLED:

Hit & Run (Y/N)

Government Property (Y/N)

Fire (Narrative) (Y/N)

Photos Taken (Narrative) (Y/N)

Trailer or Towed (Narrative) (Y/N)

Truck or Bus (Last Page) (Y/N)

Load Spillage (Y/N)

Construction Zone (Y/N)

Names Exchanged (Y/N)

Unit #

Sheet No. Of

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

LATITUDE (GPS) Degrees: Minutes: Seconds: LONGITUDE (GPS) Degrees: Minutes: Seconds:

ON Hwy No. and / Street Name Estimated FT. MI. FROM/AT Hwy No. and / Street Name

House # Fire # Other Utility # Railroad # Agency Space Special Study

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Speed Limit OPERATOR Last NAME First M.I. Speed Limit OPERATOR Last NAME First M.I.

ADDRESS Street & Number ADDRESS Street & Number

City & State ZIP Phone Number City & State ZIP Phone Number

Driver's License Number State Exp. Year Driver's License Number State Exp. Year

Date of Birth Sex M F Operating as Classified: A D B M H P T C O R S F W N Other Date of Birth Sex M F Operating as Classified: A D B M H P T C O R S F W N Other

On Duty Accident Police EMT/First Responder Fire Fighter Winter Hwy Maintenance CMV Y N On Duty Accident Police EMT/First Responder Fire Fighter Winter Hwy Maintenance CMV Y N

Severity A B C SEAT Position SAFETY Equipment AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown EJECTED 1 Not applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown SEAT Position SAFETY Equipment AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown EJECTED 1 Not applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown

TRAPPED/ EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown Medical Transport Y N TRAPPED/ EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown Medical Transport Y N

Vehicle Owner Same Last Name First M.I. Vehicle Owner Same Last Name First M.I.

Street Address Street Address

City & State ZIP Phone Number City & State ZIP Phone Number

Year of Vehicle Make Model Body Style Color Year of Vehicle Make Model Body Style Color

Vehicle ID Number Vehicle ID Number

License Plate Number Plate Type State Exp. Year License Plate Number Plate Type State Exp. Year

Policy Holder's Name Citation Policy Holder's Name Citation

Liability Insurance Company Stat. # Liability Insurance Company Stat. #

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Deployed <input type="radio"/> 2 Non Deployed <input type="radio"/> 3 Not Applicable <input type="radio"/> 4 Unknown				

Address Same as Operator Yes No EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown TRAPPED/ EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown Medical Transport Y N Agency Space

MV4000 899 EMS Number

Police No.

Please Do Not Write in This Macrofilm Strip

Accident No.

Date

Location

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex (M, F) (K, N) (A, B, C)	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS Street & Number City & State ZIP			① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
Address Same as Operator Yes No	EJECTED ① Not Applicable ② Not Ejected ③ Totally Ejected ④ Partially Ejected ⑤ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport (Y, N)	Agency Space

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex (M, F) (K, N) (A, B, C)	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS Street & Number City & State ZIP			① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
Address Same as Operator Yes No	EJECTED ① Not Applicable ② Not Ejected ③ Totally Ejected ④ Partially Ejected ⑤ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport (Y, N)	Agency Space

Type of Accident

First Harmful Event (80) Most Harmful Event (81)

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
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(select one per vehicle)

Collision With Object Not Fixed

①	Motor Vehicle in Transport	⑩	Other Object (Not Fixed)
②	Parked Motor Vehicle	⑪	
③	Deer	⑫	
④	Pedalcycle	⑬	
⑤	Pedestrian	⑭	
⑥	Railway Train	⑮	
⑦	Other Animal	⑯	
⑧	Motor Vehicle in Transport In Other Roadway	⑰	
⑨	Other Object (Not Fixed)	⑱	

Collision With Fixed Object

⑩	Traffic Sign Post	⑳	Culvert
⑪	Traffic Signal	㉑	Ditch
⑫	Utility Pole	㉒	Curb
⑬	Lum. Light Support	㉓	Embankment
⑭	Other Post	㉔	Fence
⑮	Tree	㉕	Other Fixed Object
⑯	Mailbox	㉖	Unknown
⑰	Guardrail Face	㉗	
⑱	Guardrail End	㉘	
㉑	Median Barrier	㉙	
㉒	Bridge Parapet End	㉚	
㉓	Bridge/Pier/Abut.	㉛	
㉔	Impact Attenuator	㉜	
㉕	Overhead Sign Post	㉝	
㉖	Bridge Rail	㉞	
㉗	Culvert	㉟	
㉘	Ditch	㊱	
㉙	Curb	㊲	
㉚	Embankment	㊳	
㉛	Fence	㊴	
㉜	Other Fixed Object	㊵	
㉝	Unknown	㊶	

Non-Collision

㉞	Overturn	㊷	
㉟	Fire/Explosion	㊸	
㊱	Immersion	㊹	
㊲	Jackknife	㊺	
㊳	Other Non-Collision	㊻	

Driver Condition

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
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Driver Factors (Or Pedestrians) (80)

①	Appeared Normal	⑩	
②	Reduced Alertness	⑪	
③	Ability Impaired	⑫	
④	Not Observed	⑬	

Presence (81)

⑤	Neither Alcohol nor Drugs Present	⑭	
⑥	Yes - Alcohol Present	⑮	
⑦	Yes - Drugs Present	⑯	
⑧	Yes - Alcohol & Drugs Present	⑰	
⑨	Unknown	⑱	

Alcohol (82)

AC Value AC Value

⑩	Test Not Given	⑳	
⑪	Test Refused	㉑	
⑫	Test Given, Alcohol Unknown	㉒	
⑬	Test Given, No Alcohol Reported	㉓	

Drugs (91)

⑭	Test Not Given	㉔	
⑮	Test Refused	㉕	
⑯	Test Given, Drugs Unknown	㉖	
⑰	Test Given, No Drugs Reported	㉗	
⑱	Drugs Reported (Specify Below)	㉘	
⑲	Marijuana	㉙	
⑳	Cocaine	㉚	
㉑	Opiates	㉛	
㉒	Amphetamines	㉜	
㉓	PCP	㉝	
㉔	Other Drug Medication	㉞	
㉕	Type Unknown	㉟	

Unit # (2-10)

Pedestrian (92)

Location	Action
① In Crosswalk	① Walking not Facing Traffic
② In Roadway	② Disregarded Signal
③ Not in Roadway	③ Darting into Road
④ On Sidewalk	④ Dark Clothing
	⑤ Walking Facing Traffic

Manner of Collision (91)

①	No Collision with Motor Vehicle in Transport
②	Rear-end
③	Head On
④	Rear to Rear
⑤	Angle
⑥	Sideswipe, Same Direction
⑦	Sideswipe, Opposite Direction
⑧	Unknown

Unit # (1-10)

Darken Numbered Area(s) of Vehicle Damage (91)

①	None	④	Severe
②	Undercarriage	⑤	Very Severe
③	Total (Damage to All Areas)	⑥	Unknown
④	Other	③	Moderate
⑤	Unknown		

Vehicle Towed Due to Damage (Y, N)

Vehicle Removed By:

Unit # (1-10)

Darken Numbered Area(s) of Vehicle Damage (91)

①	None	④	Severe
②	Undercarriage	⑤	Very Severe
③	Total (Damage to All Areas)	⑥	Unknown
④	Other	③	Moderate
⑤	Unknown		

Vehicle Towed Due to Damage (Y, N)

Vehicle Removed By:

Fixed Object Struck (82)	PROPERTY Last First M.I.
	OWNER (84)
Unit # Unit # Unit # Unit #	ADDRESS Street & Number (85)
Govt. Damage Tag # (83)	City & State ZIP Phone Number () (87)

Draw Diagram of Accident & Indicate North with an arrow in the circle.



Pictorial Representation of Narrative

Supplemental Reports 101 (Y) (N) Witness Statements 102 (Y) (N) Measurements Taken 103 (Y) (N)

Skidmarks to Impact

Unit 1 100 Unit 2

FEET

Surface Type: _____

N
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V
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Photos By: 105

What Drivers Were Doing

Unit Number						Unit Number				
1	2	3	4	5	(1)	1	2	3	4	5
6	7	8	9	10		6	7	8	9	10
1	Going Straight	1								
2	Making Left Turn	2								
3	Making Right Turn	3								
4	Slowing or Stopping	4								
5	Stopped in Traffic	5								
6	Legally Parked	6								
7	Violating No Passing Zone	7								
8	Illegally Parked	8								
9	Parking Maneuver	9								
10	Backing Maneuver	10								
11	Changing Lanes	11								
12	Overtaking on Left	12								
13	Overtaking on Right	13								
14	Making U Turn	14								
15	Turning on Red	15								
16	Merging	16								
17	Negotiating Curve	17								
18	Other	18								

WITNESS NAME	Last	First	M.I.
ADDRESS	Street & Number		Date of Birth
City & State	ZIP	Phone Number	()

ACCESS CONTROL 112

- No Control (Unlimited Access)
- Full Control (Only Ramp Entry/Exit)
- Partial Control

ROAD TERRAIN 113

Part A

- Straight
- Curve

Part B

- Level/Flat
- Hill

LIGHT CONDITION 114

- Daylight
- Dark—Not Lighted
- Dark—Lighted
- Dawn
- Dusk
- Unknown

TRAFFIC WAY 115

- Not Physically Divided (2-Way Traffic)
- Divided Highway, Median Strip, without Traffic Barrier
- Divided Highway, Median Strip, with Traffic Barrier
- One-Way Traffic
- Parking Lot or Private Property

ROAD SURFACE CONDITION 116

- Dry
- Wet
- Snow/Slush
- Ice
- Sand, Mud, Dirt, Oil
- Other
- Unknown

WEATHER 118

- Clear
- Cloudy
- Rain
- Snow
- Fog, Smog, Smoke
- Sleet, Hail (Freezing Rain or Drizzle)
- Blowing Sand, Soil, Dirt, Snow
- Severe Crosswinds
- Other
- Unknown

RELATION TO ROADWAY 117

- On Roadway
- Parking Lot or Private Property
- Shoulder (Other Than Shoulder within Median or Gore)
- Median (Other Than Median within Gore)
- Outside Shoulder—Left
- Outside Shoulder—Right
- Off Roadway—Location Unknown
- On Ramp
- Gore (Area between Ramp & Highway)
- Unknown

Traffic Control

Unit Number						Unit Number				
1	2	3	4	5	(2)	1	2	3	4	5
6	7	8	9	10		6	7	8	9	10
1	No Control	1								
2	Traffic Signal Operating	2								
3	Traffic Signal Flashing	3								
4	Stop Sign	4								
5	Stop Sign with Flasher Warning	5								
6	Warn Sign with Flasher Yield Sign	6								
7	Traffic Control Person	7								
8	RR-xing Signal	8								
9	Other	9								
10	Other	10								
11	Other	11								

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
1 Exceeding Speed Limit	1 Exceeding Speed Limit
2 Speed Too Fast/Condition	2 Speed Too Fast/Condition
3 Fail to Yield Right of Way	3 Fail to Yield Right of Way
4 Inattentive Driving	4 Inattentive Driving
5 Following Too Close	5 Following Too Close
6 Improper Turn	6 Improper Turn
7 Left of Center	7 Left of Center
8 Disregarded Traffic Control	8 Disregarded Traffic Control
9 Improper Overtaking	9 Improper Overtaking
10 Unsafe Backing	10 Unsafe Backing
11 Failure to Have Control	11 Failure to Have Control
12 Driver Condition	12 Driver Condition
13 Physically Disabled	13 Physically Disabled
14 Other	14 Other

Vehicle Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
1 Brake System	1 Brake System
2 Tires	2 Tires
3 Steering System	3 Steering System
4 Turn Signals	4 Turn Signals
5 Head Lamps	5 Head Lamps
6 Stop Lamps	6 Stop Lamps
7 Tail Lamps	7 Tail Lamps
8 Disabled in Prior Accident	8 Disabled in Prior Accident
9 Other Disabled	9 Other Disabled
10 Mirrors	10 Mirrors
11 Suspension System	11 Suspension System
12 Other	12 Other

Highway Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
1 Snow, Ice or Wet	1 Snow, Ice or Wet
2 Narrow Shoulder	2 Narrow Shoulder
3 Low Shoulder	3 Low Shoulder
4 Soft Shoulder	4 Soft Shoulder
5 Loose Gravel	5 Loose Gravel
6 Rough Pavement	6 Rough Pavement
7 Debris From Prior Accident	7 Debris From Prior Accident
8 Other Debris	8 Other Debris
9 Sign Obscured or Missing	9 Sign Obscured or Missing
10 Narrow Bridge	10 Narrow Bridge
11 Construction Zone	11 Construction Zone
12 Visibility Obscured	12 Visibility Obscured
13 Other	13 Other

OFFICER INFORMATION

Last	First	M.I.
125		
Law Enforcement Agency Address		
126		
City & State		ZIP
127		
Phone Number		
() 128		
Agency #	Enforcement Agency	Officer ID #
129	130	131

Date Notified	Time Notified (Military Time)	Time Arrived (Military Time)	Date of Report
MONTH DAY YEAR	HOUR MIN.	HOUR MIN.	MONTH DAY YEAR
<input type="checkbox"/> Jan <input type="checkbox"/> Feb 132 <input type="checkbox"/> Mar 0 0 0 <input type="checkbox"/> Apr 1 1 1 <input type="checkbox"/> May 2 2 2 <input type="checkbox"/> June 3 3 3 <input type="checkbox"/> July 4 4 4 <input type="checkbox"/> Aug 5 5 5 <input type="checkbox"/> Sept 6 6 6 <input type="checkbox"/> Oct 7 7 7 <input type="checkbox"/> Nov 8 8 8 <input type="checkbox"/> Dec 9 9 9	<input type="checkbox"/> 133 <input type="checkbox"/> 0 0 0 <input type="checkbox"/> 1 1 1 <input type="checkbox"/> 2 2 2 <input type="checkbox"/> 3 3 3 <input type="checkbox"/> 4 4 4 <input type="checkbox"/> 5 5 5 <input type="checkbox"/> 6 6 6 <input type="checkbox"/> 7 7 7 <input type="checkbox"/> 8 8 8 <input type="checkbox"/> 9 9 9	<input type="checkbox"/> 134 <input type="checkbox"/> 0 0 0 <input type="checkbox"/> 1 1 1 <input type="checkbox"/> 2 2 2 <input type="checkbox"/> 3 3 3 <input type="checkbox"/> 4 4 4 <input type="checkbox"/> 5 5 5 <input type="checkbox"/> 6 6 6 <input type="checkbox"/> 7 7 7 <input type="checkbox"/> 8 8 8 <input type="checkbox"/> 9 9 9	<input type="checkbox"/> Jan <input type="checkbox"/> Feb 135 <input type="checkbox"/> Mar 0 0 0 <input type="checkbox"/> Apr 1 1 1 <input type="checkbox"/> May 2 2 2 <input type="checkbox"/> June 3 3 3 <input type="checkbox"/> July 4 4 4 <input type="checkbox"/> Aug 5 5 5 <input type="checkbox"/> Sept 6 6 6 <input type="checkbox"/> Oct 7 7 7 <input type="checkbox"/> Nov 8 8 8 <input type="checkbox"/> Dec 9 9 9

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: *Did the accident involve...* 136

Part A

A truck with at least two axles and six tires? Y N

A truck with a hazardous materials placard? Y N

A bus designed to carry 16 or more persons, including the driver? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? Y N

Any injured person who required transport for immediate medical treatment? Y N

One or more vehicles that had to be towed from the scene as a result of the accident? Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

137

- Hazardous Material Class Numbers (1-2digit):
- Hazardous Material "UN" Numbers (4 digit):
- Hazardous Material Placard Displayed? Y N
- Hazardous Cargo was Released? Y N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information

• Interstate Carrier? Y N 138

Carrier Name 139

Carrier Identification Numbers

US DOT 140	LC
ICC MC	IC
Carrier Address 142	

Source: Vehicle Side 141
 Shipping Papers
 Trip Manifest
 Driver
 Log Book

Vehicle Information

Gross Vehicle Weight Rating 143 LBS Total # of Axles 144

Vehicle Configuration

1 2 3 4 5 6 7 8 9 10 145

1 Bus
 2 Single unit truck, 2 axles, 6 tires
 3 Single unit truck + 3 axles
 4 Truck Trailer
 5 Truck Tractor
 6 Tractor/Semi-Trailer
 7 Tractor Doubles
 8 Tractor Triples
 9 Unknown Heavy Truck
 10 Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE

146 (Mark a total of one to four events in the order that they occurred)

1 Ran off Road	1 Collision Involving Motor Vehicle in Transp.
2 Jackknife	2 Collision Involving Parked Motor Vehicle
3 Overturn (Rollover)	3 Collision Involving Train
4 Downhill Runaway	4 Collision Involving Pedalcycle
5 Cargo Loss or Shift	5 Collision Involving Animal
6 Explosion or Fire	6 Collision Involving Fixed Object
7 Separation of Units	7 Collision Involving Other Object
8 Collision Involving Pedestrian	8 Other

Cargo Body Type

147

1 Bus	6 Concrete Mixer
2 Van Enclosed bus	7 Auto Transporter
3 Cargo Tank	8 Garbage Refuse
4 Flatbed	9 Other
5 Dump	10 Log Truck