

MOTOR VEHICLE CRASH REPORT

North Dakota Department of Transportation

Drivers License & Traffic Safety

SFN 2355 (Rev. 12-2006)

023551206

NDDOT USE ONLY	
CRASH NO.	RPT. SEQ.

Form	_____
Of	_____

A	AGENCY	Crash Date (M / D / Y)	Time (24 HR)	Officer No.	Officer Name	Agency Name	Agency Report No.								
		Police Notified (M / D / Y)	Time (24 HR)	Emergency Unit Responding	Emg. Unit No.	Lat / Long Decimal Degrees	N								
B	LOCATION	County	Co. Code	City Code	City	R / U	Function	W							
		Highway	Hundredths Mi / Km	From Reference Point (Mile Marker)			Toward Reference Point (Mile Marker)								
		Township	Range	Route	Hundredths Miles / Kilometers	From Node	Toward Node								
C	LOCATION	(Street Name)		At Intersection With			Node								
		(Intersecting Street)		Node	(Intersecting Street)		Node								
D	LOCATION	Or FT / M From		Node	Toward		Node								
E	UNIT 1 / STRIKING UNIT	Operator Name (Last, First, MI)				Owner Name if not operator (Last, First, MI)									
		Address		Phone	Address if different from operator		Phone								
F	UNIT 1 / STRIKING UNIT	City	State	Zip	City	State	Zip								
		Damage Amount \$	Operator License Number	St Iss	DOB (M / D / Y)	Plate Number	State	Make	Year						
G	UNIT 1 / STRIKING UNIT	Insurance Code (NDDOT use Only)	Policy Number	Insurance Company Name (Not Agent)											
		Insured by <input type="checkbox"/> Owner <input type="checkbox"/> Driver	Card Issued <input type="checkbox"/> Yes	Spd Lmt	DVR Number	VIN (Out-of-State Vehicles Only)	Retesting <input type="checkbox"/> Yes **								
H	UNIT 2 / OTHER UNIT	Operator Name (Last, First, MI)				Owner Name if not operator (Last, First, MI)									
		Address		Phone	Address if different from operator		Phone								
I	UNIT 2 / OTHER UNIT	City	State	Zip	City	State	Zip								
		Damage Amount \$	Operator License Number	St Iss	DOB (M / D / Y)	Plate Number	State	Make	Year						
J	UNIT 2 / OTHER UNIT	Insurance Code (NDDOT use Only)	Policy Number	Insurance Company Name (Not Agent)											
		Insured by <input type="checkbox"/> Owner <input type="checkbox"/> Driver	Card Iss. <input type="checkbox"/> Yes	Spd Lmt	DVR Number	VIN (Out-of-State Vehicles Only)	Retesting <input type="checkbox"/> Yes **								
K	TRUCK / BUS / HAZARDOUS	Complete this section for trucks (including pickups) over 10,000 # gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR) AND for vehicles designed to transport 9 or more people counting the driver AND for vehicles displaying a hazardous placard or transporting hazardous cargo. DO NOT COMPLETE IF THE VEHICLE IS BEING USED FOR PRIVATE/NON-BUSINESS PURPOSES ONLY. Refer to guide for completing this section or call (701)328-4404.							Unit No.						
		Carrier Name	Carrier's Identification Number (USDOT OR ICCMC)			Is Carrier Interstate? <input type="checkbox"/> Yes <input type="checkbox"/> No									
		Carrier's Address	Phone	Source of Carrier Name <input type="checkbox"/> Side of Vehicle <input type="checkbox"/> Shipping Papers or Trip Manifest (Bus)		Driver <input type="checkbox"/> Log Book									
		City	State	Zip	GVWR GCWR	Lbs.	Axles on Vehicle (Including Trailer)								
L	TRUCK / BUS / HAZARDOUS	Hazardous Materials Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No		Haz. Mat. 4-Digit No.	Haz. Mat. 1-Digit No.	Was Hazardous Cargo From Vehicle Released? (Do Not Count Fuel From Fuel Tank) <input type="checkbox"/> Yes <input type="checkbox"/> No									
		Hazardous Material Name		Estimate Total Length (Feet / Meter) From Front Bumper to end of Last Trailer											
M	OTHER PROP. DAMAGE	Action Sequence, Citations, and Damage		Vehicle 1	VEHMT	CONFAC	CONFAC	CITATN	EVAECT	DVRCON	DAMAGE	EXTDEF	TOWED		
				Vehicle 2											
N	OPERATOR	UNIT	SEAT	AGE	SEX	ADI	AT	DT	SAFETY EQUIP.	AIR BAG	INJ.	EJC. EXT.	OWN. NOT.	OCCUPANT, WITNESS, PROPERTY OWNER NAME, ADDRESS, PHONE, PROPERTY DESCRIPTION	
		1													
O	OPERATOR	2													
P	OCCUPANT, WIT, PROP														
Q	OCCUPANT, WIT, PROP														

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2		

NOTE: If more than two units (or six occupant / witnesses) are involved, use an extra form, and attach it to the original.

* Describe or Explain in Narrative

** Explain in REQUEST FOR RE-EXAMINATION Form.

**THREE-STAGE CRASH DIAGRAM
(PRE-CRASH, POST-CRASH)**

NDDOT USE ONLY

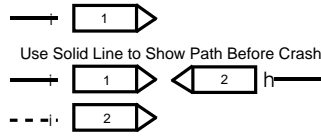
Crash Number

Report Seq.

Diagram What Happened:

Draw outline of roadway at place of crash.

Number each vehicle and show direction of travel by arrow.



Show Pedestrian by: X

Show Railroad by:

Show Utility Poles by:

Show Motorcycle by:

Show Animal by:

Indicate North by Drawing
Arrow Through Circle



Grid area for drawing the crash diagram. A large diagonal watermark reading "Sample" is overlaid on this area.

Officer's Narrative: Observations and Asterisk Items. (Please Print)

Horizontal lines for writing the officer's narrative.

Date of Report:

Signature(s):