

TRAFFIC ACCIDENT REPORT

(FOR POLICE USE ONLY AS REQUIRED BY STATUTE)

PAGE _____ OF _____

FOR DPS USE ONLY

LOCAL CASE NO.						MONTH						DATE						YEAR						DAY						TIME						<input type="checkbox"/> AM <input type="checkbox"/> PM							
HIT-AND-RUN <input type="checkbox"/> ATTENDED <input type="checkbox"/> UNATTENDED		PUB PROP		VEHICLES		KILLED		INJURED		\$ MIN																																	
ROUTE SYSTEM												ROUTE NUMBER OR STREET NAME												AT INTERSECTION WITH						OR						<input type="checkbox"/> MI <input type="checkbox"/> FT		<input type="checkbox"/> N <input type="checkbox"/> S		<input type="checkbox"/> E <input type="checkbox"/> W		OF	
ON COUNTY NO												<input type="checkbox"/> CITY <input type="checkbox"/> TWP		INT ELEM				REFERENCE POINT				ROUTE SYS		ROUTE #, STREET, CORP LIMIT, REF POINT OR FEATURE																			

FACTOR 1 DRIVER LICENSE NUMBER - 1												STATE		CLASS		UNIT 2 DRIVER LICENSE NUMBER - 2												STATE		CLASS		FACTOR 1							
FACTOR 2 NAME (FIRST, MIDDLE, LAST)												RSTRCTNS COMPLIED		WTHDRWN		NAME (FIRST, MIDDLE, LAST)												RSTRCTNS COMPLIED		WTHDRWN		FACTOR 2							
MNUVER ADDRESS												DATE OF BIRTH				ADDRESS												DATE OF BIRTH				MNUVER							
PHYSCL CITY, STATE, ZIP																CITY, STATE, ZIP																PHYSCL							
RCOMND		ADDRESS CORRECT		SEX		EJECT		RSTRNT		INJCOD		TO HOSP		TRANSPORT		<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER				RCOMND		ADDRESS CORRECT		SEX		EJECT		RSTRNT		INJCOD		TO HOSP		TRANSPORT		<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER			

VEHTYP OWNER NAME												OWNER NAME												VEHTYP									
FIRE ADDRESS												OCCUP				ADDRESS												OCCUP				FIRE	
TOW CITY, STATE, ZIP												PULLING UNIT		DIRECT		CITY, STATE, ZIP												PULLING UNIT		DIRECT		TOW	
DMGLOC		MAKE		MODEL		YEAR		COLOR		SEQUENCE OF EVENTS				DMGLOC		MAKE		MODEL		YEAR		COLOR		SEQUENCE OF EVENTS				DMGLOC					
DMGSEV		PLATE #				STATE		YEAR		INSURANCE				DMGSEV		PLATE #				STATE		YEAR		INSURANCE				DMGSEV					

INJURED PASSENGERS/WITNESSES										UNIT	POSTN	AGE	SEX	EJECT	RSTRNT	INJCOD	TO HOSP	TRANSPORT
																		<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER
																		<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER
																		<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER
																		<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER

ACCTYP OWNER OF OTHER DAMAGED PROPERTY AND/OR YELLOW TAG NUMBER(S)												AMBULANCE SERVICE(S) AND/OR STATE AMBULANCE RUN NUMBER(S)													
FXDOBJ												DESCRIPTION, CHARGES PENDING, AND OR CITATIONS ISSUED												DEVICE	
ON BRIDGE																								WORKING	
LOCATN																								SPEED LIMIT	
RDWORK																								#	
RDESGN																								INTREL	
RDSURF																								WEATHER	
RDCHAR																								PHOTOS TAKEN	
																								?	
																								LIGHT	
																								DIAGRAM	

OFFICER RANK, NAME, BADGE #, AND AGENCY

STATE PATROL LOCAL
 SHERIFF OTHER

UNIT MOTOR CARRIER												HAZ MAT		HAZ PLAC		MAT'L CLASS/ID		MAT'L CLASS/ID		MAT'L CLASS/ID		BDY TYP	
ADDRESS												MOTOR CARRIER ID				MC SOURCE		AXLES DOWN		AXLES UP		TRAILER HITCH	
CITY, STATE, ZIP												ICR #				INSPECTOR #				GVWR			

SEND ORIGINAL WITHIN 10 DAYS OF ACCIDENT (MN STATUTE 169.09 SUBD. 8) TO:
 DEPARTMENT OF PUBLIC SAFETY
 445 MINNESOTA ST., SUITE 181
 ST. PAUL, MINNESOTA 55101-5181