

ACCIDENT REPORT
(LAW ENFORCEMENT ONLY)

PAGE _____ OF _____

LOCAL CASE NO.		AMENDED ?		STATE OF MINNESOTA - DEPARTMENT OF PUBLIC SAFETY										FOR DPS USE ONLY																																																																													
HIT-AND-RUN ?		PUB PROP ?		VEHICLES #		KILLED #		INJURED #		\$ MIN ?		ACCIDENT REPORT (LAW ENFORCEMENT ONLY)																																																																															
ROUTE SYSTEM		ROUTE NUMBER OR STREET NAME										IF DIVIDED HIGHWAY ROADWAY DIRECTION N E S W		AT INTERSECTION WITH OR		8 MI 8 FT		8 N 8 S		8 E 8 W		MILITARY TIME																																																																					
ON		COUNTY NO										CITY TWP		INT ELEM		REFERENCE POINT + .		ROUTE SYS		ROUTE #, STREET, CORP LIMIT, OR FEATURE																																																																							
UNIT 1		UNIT 2										VEHICLE		NON-MOTORIST																																																																													
FACTOR 1		POSITION		DRIVER LICENSE NUMBER - 1				STATE		CLASS		DL STATUS		FACTOR 1		POSITION		DRIVER LICENSE NUMBER - 2				STATE		CLASS		DL STATUS		FACTOR 2																																																															
FACTOR 2		NAME (FIRST, MIDDLE, LAST)				DATE OF BIRTH				MNUVER		ADDRESS				DR VIOLNS		RESTRICT		PHYSCL		CITY, STATE, ZIP				RCOMND		ADDRESS CORRECT				SEX		SAFE EQPT TYPE		SAFE EQPT USE		AIRBAG		EJECT		INJ SEV		ALCHL TEST		TYPE		DRUG TEST		TYPE		TO HOSP		TRANSPORT		AMBULANCE SERVICE		RUN NUMBER																																	
MNUVER		ADDRESS				DR VIOLNS				RESTRICT		PHYSCL		CITY, STATE, ZIP				RCOMND		ADDRESS CORRECT				SEX		SAFE EQPT TYPE		SAFE EQPT USE		AIRBAG		EJECT		INJ SEV		ALCHL TEST		TYPE		DRUG TEST		TYPE		TO HOSP		TRANSPORT		AMBULANCE SERVICE		RUN NUMBER																																									
OCCUP #		OWNER NAME				FIRE ?				VEH TYP		ADDRESS				TOWED ?				VEH USE		CITY, STATE, ZIP				PULLING UNIT ?		DIRECT		DMG LOC		MAKE				MODEL				YEAR				COLOR				DMG SEV				PLATE #				ST REG				YEAR REG				FIRST				SEQUENCE OF EVENTS SECOND				THIRD				FOURTH				MOST HARM EVENT											
VEH TYP		ADDRESS				TOWED ?				VEH USE		CITY, STATE, ZIP				PULLING UNIT ?		DIRECT		DMG LOC		MAKE				MODEL				YEAR				COLOR				DMG SEV				PLATE #				ST REG				YEAR REG				FIRST				SEQUENCE OF EVENTS SECOND				THIRD				FOURTH				MOST HARM EVENT																					
DMG LOC		MAKE				MODEL				YEAR				COLOR				DMG SEV				PLATE #				ST REG				YEAR REG				FIRST				SEQUENCE OF EVENTS SECOND				THIRD				FOURTH				MOST HARM EVENT																																									
DMG SEV		PLATE #				ST REG				YEAR REG				FIRST				SEQUENCE OF EVENTS SECOND				THIRD				FOURTH				MOST HARM EVENT																																																													
INSURANCE		POLICY NUMBER				INSURANCE (UNIT 2)				POLICY NUMBER																																																																																	
CARGO BDY TYPE		HAZ MAT PLAC ?		WAIVED ?		INSPECTION #		INSP BADGE #		IF ACCIDENT INVOLVED A COMMERCIAL MOTOR VEHICLE, SCHOOL BUS, OR HEAD START BUS REMEMBER TO NOTIFY THE STATE PATROL (required under MS 169.783 and 169.4511).										WAIVED ?		HAZ MAT PLAC ?		CARGO BDY TYPE																																																																			
COMMERCIAL VEHICLE NUMBER 1 - MOTOR CARRIER NAME		DOT NUMBER		COMMERCIAL VEHICLE NUMBER 2 - MOTOR CARRIER NAME		DOT NUMBER																																																																																					
PASSENGERS / WITNESSES		UNIT		POSTN		DATE OF BIRTH		SEX		TYPE		USE		AIRBAG		EJECT		INJ SEV		TO HOSP		TRANSPORT		AMB SERVICE		RUN NUMBER																																																																	
OWNER OF OTHER DAMAGED PROPERTY AND DESCRIPTION OF DAMAGED PROPERTY AND/OR YELLOW TAG NUMBER(S)		DAMAGED PROPERTY / YELLOW TAG NUMBER																																																																																									
ACC TYP		SCHL BUS										LOCATN										ON BRIDGE ?										TYPE OF WZ										LOC OF CRASH/WZ										WORKERS PRESENT ?										RDESGN										RD SURF										RD CHAR									
NARRATIVE:		DEVICE										WORKING										INT REL										SPEED LIMIT #										WEATHER 1										WEATHER 2										LIGHT										PHOTOS TAKEN ?										DIAGRAM									
OFFICER RANK, NAME AND BADGE #		AGENCY										PATROL STATION										STATE PATROL SHERIFF										LOCAL OTHER																																																											