

Wisconsin Motor Vehicle Accident Report

Document Number Override

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

Time of Accident (Military Time)

Total Number

Hit & Run

Government Property

Fire (Narrative)

Photos Taken (Narrative)

Trailer or Towed (Narrative)

Truck or Bus (Last Page)

Load Spillage

Construction Zone

Names Exchanged

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)

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

Operating as Classified:

Class (Mark Only One)

Endorse (Mark All That Apply)

Date of Birth

Sex

Operating as Classified:

Class (Mark Only One)

Endorse (Mark All That Apply)

- On Duty Accident
- Police
- EMT/First Responder
- Fire Fighter
- Winter Hwy Maintenance

CMV

- On Duty Accident
- Police
- EMT/First Responder
- Fire Fighter
- Winter Hwy Maintenance

CMV

Severity

SEAT Position

SAFETY Equipment

AIRBAG

EJECTED

Medical Transport

Severity

SEAT Position

SAFETY Equipment

AIRBAG

EJECTED

Medical Transport

TRAPPED/ EXTRICATED

Vehicle Owner

Last Name

First

M.I.

Vehicle Owner

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

Same

Citation

Policy Holder's Name

Same

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

ADDRESS

Street & Number

City & State

ZIP

Address Same as Operator

EJECTED

Trapped/ EXTRICATED

Medical Transport

Agency Space

Address Same as Operator

EJECTED

Trapped/ EXTRICATED

Medical Transport

Agency Space

MV4000 1296

EMS Number

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

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

Type of Accident

First Harmful Event		80
Most Harmful Event		
Unit Number (1)(2)(3)(4)(5) (6)(7)(8)(9)(10)	Unit Number (1)(2)(3)(4)(5) (6)(7)(8)(9)(10)	81
(select one per vehicle)		

Collision With Object Not Fixed

- | | |
|---|-----|
| (1) Motor Vehicle in Transport | (1) |
| (2) Parked Motor Vehicle | (2) |
| (3) Deer | (3) |
| (4) Pedalcycle | (4) |
| (5) Pedestrian | (5) |
| (6) Railway Train | (6) |
| (7) Other Animal | (7) |
| (8) Motor Vehicle in Transport In Other Roadway | (8) |
| (9) Other Object (Not Fixed) | (9) |

Collision With Fixed Object

- | | |
|-------------------------|------|
| (10) Traffic Sign Post | (10) |
| (11) Traffic Signal | (11) |
| (12) Utility Pole | (12) |
| (13) Lum. Light Support | (13) |
| (14) Other Post | (14) |
| (15) Tree | (15) |
| (16) Mailbox | (16) |
| (17) Guardrail Face | (17) |
| (18) Guardrail End | (18) |
| (19) Median Barrier | (19) |
| (20) Bridge Parapet End | (20) |
| (21) Bridge/Pier/Abut. | (21) |
| (22) Impact Attenuator | (22) |
| (23) Overhead Sign Post | (23) |
| (24) Bridge Rail | (24) |
| (25) Culvert | (25) |
| (26) Ditch | (26) |
| (27) Curb | (27) |
| (28) Embankment | (28) |
| (29) Fence | (29) |
| (30) Other Fixed Object | (30) |
| (31) Unknown | (31) |

Non-Collision

- | | |
|--------------------------|------|
| (32) Overturn | (32) |
| (33) Fire/Explosion | (33) |
| (34) Immersion | (34) |
| (35) Jackknife | (35) |
| (36) Other Non-Collision | (36) |

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)
--	--

Driver Factors (Or Pedestrians)

- | | |
|-----------------------|-----|
| (1) Appeared Normal | (1) |
| (2) Reduced Alertness | (2) |
| (3) Ability Impaired | (3) |
| (4) Not Observed | (4) |

Presence

- | | |
|---------------------------------------|-----|
| (5) Neither Alcohol nor Drugs Present | (5) |
| (6) Yes—Alcohol Present | (6) |
| (7) Yes—Drugs Present | (7) |
| (8) Yes—Alcohol & Drugs Present | (8) |
| (9) Unknown | (9) |

Alcohol

AC Value	AC Value
----------	----------

- | | |
|--------------------------------------|------|
| (10) Test Not Given | (10) |
| (11) Test Refused | (11) |
| (12) Test Given, Alcohol Unknown | (12) |
| (13) Test Given, No Alcohol Reported | (13) |

Drugs

- | | |
|-------------------------------------|------|
| (14) Test Not Given | (14) |
| (15) Test Refused | (15) |
| (16) Test Given, Drugs Unknown | (16) |
| (17) Test Given, No Drugs Reported | (17) |
| (18) Drugs Reported (Specify Below) | (18) |
| (19) Marijuana | (19) |
| (20) Cocaine | (20) |
| (21) Opiates | (21) |
| (22) Amphetamines | (22) |
| (23) PCP | (23) |
| (24) Other Drug Medication | (24) |
| (25) Type Unknown | (25) |

Unit # (2)(3)(4)(5)(6)(7)(8)(9)(10)

Pedestrian

- | | |
|--------------------|--------------------------------|
| 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

- | |
|--|
| (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)(2)(3)(4)(5)(6)(7)(8)(9)(10)

Darken Numbered Area(s) of Vehicle Damage

REAR	(6)	(7)	(8)	FRONT
(5)	(4)	(3)	(2)	(1)

- | |
|----------------------------------|
| (9) None |
| (10) Undercarriage |
| (11) Total (Damage to all Areas) |
| (12) Other |
| (13) Unknown |

Extent of Damage

- | | |
|----------------|-----------------|
| (9) None | (4) Severe |
| (1) Very Minor | (5) Very Severe |
| (2) Minor | (6) Unknown |
| (3) Moderate | |

Vehicle Towed Due to Damage (Y)(N)

Vehicle Removed By:

Unit # (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)

Darken Numbered Area(s) of Vehicle Damage

REAR	(6)	(7)	(8)	FRONT
(5)	(4)	(3)	(2)	(1)

- | |
|----------------------------------|
| (9) None |
| (10) Undercarriage |
| (11) Total (Damage to all Areas) |
| (12) Other |
| (13) Unknown |

Extent of Damage

- | | |
|----------------|-----------------|
| (9) None | (4) Severe |
| (1) Very Minor | (5) Very Severe |
| (2) Minor | (6) Unknown |
| (3) Moderate | |

Vehicle Towed Due to Damage (Y)(N)

Vehicle Removed By:

Fixed Object Struck			
Unit #	Unit #	Unit #	Unit #
Govt. Damage Tag #			

PROPERTY OWNER	Last	First	M.I.
ADDRESS Street & Number			
City & State			
ZIP		Phone Number ()	

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:

NARRATIVE

104

106

Power
Train #

Trailer
Make

Lowell
Unit

VIN

License
Plate #

Plate
type

State

Exp. Yr.

Photos By:

105

What Drivers Were Doing

Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
119	
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

Traffic Control

Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
120	
1 No Control	1
2 Traffic Signal Operating	2
3 Traffic Signal Flashing	3
4 Stop Sign	4
5 Stop Sign with Flasher	5
6 Warning	6
7 Warn sign with Flasher	7
8 Yield Sign	8
9 Traffic Control Person	9
10 RR-xing Signal	10
11 Other	11

WITNESS	Last	First	M.I.
NAME	107		
ADDRESS	Street & Number	Date of Birth	
108		109	
City & State	ZIP	Phone	
110		Number	111 ()

ACCESS CONTROL

112

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

ROAD TERRAIN

113

- Part A
- 1 Straight
 - 2 Curve
- Part B
- 3 Level/Flat
 - 4 Hill

LIGHT CONDITION

114

- 1 Daylight
- 2 Dark—Not Lighted
- 3 Dark—Lighted
- 4 Dawn
- 5 Dusk
- 6 Unknown

TRAFFIC WAY

115

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

ROAD SURFACE CONDITION

116

- 1 Dry
- 2 Wet
- 3 Snow/Slush
- 4 Ice
- 5 Sand, Mud, Dirt, Oil
- 6 Other
- 7 Unknown

WEATHER

118

- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Snow
- 5 Fog, Smog, Smoke (Freezing Rain or Drizzle)
- 6 Sleet, Hail
- 7 Blowing Sand, Soil, Dirt, Snow
- 8 Severe Crosswinds
- 9 Other
- 10 Unknown

RELATION TO ROADWAY

117

- 1 On Roadway
- 2 Parking Lot or Private Property
- 3 Shoulder (Other than Shoulder within Median or Gore)
- 4 Median (Other than Median within Gore)
- 5 Outside Shoulder—Left
- 6 Outside Shoulder—Right
- 7 Off Roadway—Location Unknown
- 8 Gore (Area between Ramp & Highway)
- 9 On Ramp
- 10 Unknown

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

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

Vehicle Factors

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

Highway Factors

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

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

MONTH	DAY	YEAR
Jan		
Feb	132	
Mar	0	0
Apr	1	1
May	2	2
June	3	3
July	4	4
Aug	5	5
Sept	6	6
Oct	7	7
Nov	8	8
Dec	9	9

Time Notified
(Military Time)

HOUR	MIN.
133	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Time Arrived
(Military Time)

HOUR	MIN.
134	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Date of Report

MONTH	DAY	YEAR
Jan		
Feb	135	
Mar	0	0
Apr	1	1
May	2	2
June	3	3
July	4	4
Aug	5	5
Sept	6	6
Oct	7	7
Nov	8	8
Dec	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 requiring 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 (1-2 digit):

• 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

ICC MC 141

Carrier Address 142

Source:

☐ Vehicle Side

☐ Shipping Papers

☐ Trip Manifest

☐ Driver

☐ Log Book

Vehicle Information

Gross Vehicle Weight Rating

LBS

Total # of Axles

Vehicle Configuration

1	2	3	4	5	6	7	8	9	10
Bus	Single unit truck, 2 axles, 6 tires	Truck/Tractor	Tractor/Trailers	Tractor/Trailers	Tractor/Trailers	Tractor/Trailers	Tractor/Trailers	Tractor/Trailers	Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 146

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

1	2	3	4	Ran off Road	1	2	3	4	Collision involving motor vehicle in transp.
1	2	3	4	Jackknife	1	2	3	4	Collision involving parked motor vehicle
1	2	3	4	Overturn (Rollover)	1	2	3	4	Collision involving train
1	2	3	4	Downhill Runaway	1	2	3	4	Collision involving pedalcycle
1	2	3	4	Cargo Loss or Shift	1	2	3	4	Collision involving animal
1	2	3	4	Explosion or Fire	1	2	3	4	Collision involving fixed object
1	2	3	4	Separation of Units	1	2	3	4	Collision involving other object
1	2	3	4	Collision involving pedestrian	1	2	3	4	Other

Cargo Body Type

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