DPS-HS-520-5/93 **Mail To:** Dept. of Transportation, Accident Records Program, 700 E. Broadway Ave., Pierre, S.D. 57501-2586

SD INVESTIGATOR'S PROPERTY DAMAGE ONLY WILD ANIMAL MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

1 [8]

2 [ ]

Date of Accident MO. DA. YR.	And Time 24 Hour Clock	Day of Week - Check one ☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Unk.

☐ DAY

12 [21] [0]

County _____ [ ] ☐ City Accident Occurred In/ Or Indicate Rural _____ [ ]

3 [8]

_____ ☐ Miles & Tenths ☐ Feet — N ☐ S ☐ E ☐ W ☐ — of MRM (Milepost) [ ] [ ] Displacement ☐ [ ] Systems

13 [ ] [ ]

4 [8]

(1st) _____ ☐ Miles & Tenths ☐ ☐ ☐ ☐
(2nd) _____ ☐ Miles & Tenths ☐ ☐ ☐ ☐
(3rd) _____ ☐ Miles & Tenths ☐ ☐ ☐ ☐
} of Junction or City Limits } of _____

x [ ]

y [ ]

Road on Which Accident Occurred _____

5 [8]

At Its Intersection With _____ ☐ Class [ ] Hwy. No. [ ] Suffix

If Not At Intersection _____ Feet ☐ N ☐ S ☐ E ☐ W of _____
(Show Nearest Intersecting Street)

14 [98] [98]

6 [8]

UNIT 1

☐ - MOTOR VEHICLE

Full Name (Last, First, Middle)

7 [ ]

Address City State

Date Of Birth MO DA YR | Driver's License Number

State Of Lic. | List Restriction(s) Not Complied With ☐ None or NA

15 [8]

16 [8]

17 [ ]

18 [ ]

8 [ ]

Owners's Full Name ☐ Check If Same As Driver

9 [ ]

Address City State

Model Yr. | Make | Model

10 [8]

Vehicle Registration Plate No. | Plate Yr. | State

11 [8]

MOC [ ]

FHE [ ]

OFFICE USE ONLY

	UNIT NO	OFF-ICE USE	AGE	SEX	EJEC-TION	IN-JURY	LOCA-TION	SAFETY EQ.
UNIT 1 - ☐ MV DRIVER ☐ PEDESTRIAN ☐ BICYCLE DR. ☐ OTHER					1	0	1	98

ACCIDENT NUMBER - OFFICE USE ONLY

SAMPLE

A

8 1

B

98 1

Officer Approving Report

Officer Filing Report

Agency Name

G

1

H

8 1

DIRECTION OF TRAVEL BEFORE ACCIDENT

N ☐ S ☐ E ☐ W ☐ Parked ☐

C

1

I

8 1

Property Damage
Amount Veh.
And Contents $ _____

D

1

PROOF OF FINANCIAL RESPONSIBILITY

UNIT 1	Policy #	EFF DT
Insurer:		EXP DT

J

98 1

NARRATIVE: DESCRIBE WHAT HAPPENED

K

8 1

E

98 1

98 1

98 1

L

98 1

98 1

M

98 1

SAMPLE