

Amended Document On Emergency

Wisconsin Motor Vehicle Accident Report

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 MONTH DAY YEAR

Time of Accident (Military Time) HOUR MIN.

Total Number UNITS INJURED KILLED

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 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)

Speed Limit OPERATOR Last Name First M.I. ADDRESS Street & Number City & State ZIP Phone Number Driver's License Number State Exp. Year

Date of Birth Sex Operating as Classified: Class Endorse On Duty Accident CMV

Severity SEAT SAFETY AIRBAG EJECTED

TRAPPED/ EXTRICATED Medical Transport

Vehicle Owner Same Last Name First M.I.

Street Address

City & State ZIP Phone Number

Year of Vehicle Make Model Body Style Color

Vehicle ID Number

License Plate Number Plate Type State Exp. Year

Policy Holder's Name Citation

Liability Insurance Company Stat. #

Occupant Unit Number NAME Last First M.I. Date of Birth Sex Severity SEAT SAFETY AIRBAG ADDRESS Street & Number City & State ZIP

Address Same as Operator EJECTED TRAPPED/ EXTRICATED Medical Transport Agency Space

Location MV4000 899 EMS Number

Police No.

Please Do Not Write In This Microfilm Space

center perfor

Accident No.

Date

Location

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

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

Type of Accident

First Harmful Event 80

Most Harmful Event 81

Unit Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Unit Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
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(select one per vehicle)

Collision With Object Not Fixed

<input type="checkbox"/> 1 Motor Vehicle in Transport	<input type="checkbox"/> 1
<input type="checkbox"/> 2 Parked Motor Vehicle	<input type="checkbox"/> 2
<input type="checkbox"/> 3 Deer	<input type="checkbox"/> 3
<input type="checkbox"/> 4 Pedalcycle	<input type="checkbox"/> 4
<input type="checkbox"/> 5 Pedestrian	<input type="checkbox"/> 5
<input type="checkbox"/> 6 Railway Train	<input type="checkbox"/> 6
<input type="checkbox"/> 7 Other Animal	<input type="checkbox"/> 7
<input type="checkbox"/> 8 Motor Vehicle in Transport In Other Roadway	<input type="checkbox"/> 8
<input type="checkbox"/> 9 Other Object (Not Fixed)	<input type="checkbox"/> 9

Collision With Fixed Object

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

Non-Collision

<input type="checkbox"/> 32 Overturn	<input type="checkbox"/> 32
<input type="checkbox"/> 33 Fire/Explosion	<input type="checkbox"/> 33
<input type="checkbox"/> 34 Immersion	<input type="checkbox"/> 34
<input type="checkbox"/> 35 Jackknife	<input type="checkbox"/> 35
<input type="checkbox"/> 36 Other Non-Collision	<input type="checkbox"/> 36

Driver Condition

Unit Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Unit Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
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88 **Driver Factors (Or Pedestrians)**

<input type="checkbox"/> 1 Appeared Normal	<input type="checkbox"/> 1
<input type="checkbox"/> 2 Reduced Alertness	<input type="checkbox"/> 2
<input type="checkbox"/> 3 Ability Impaired	<input type="checkbox"/> 3
<input type="checkbox"/> 4 Not Observed	<input type="checkbox"/> 4

89 **Presence**

<input type="checkbox"/> 5 Neither Alcohol nor Drugs Present	<input type="checkbox"/> 5
<input type="checkbox"/> 6 Yes—Alcohol Present	<input type="checkbox"/> 6
<input type="checkbox"/> 7 Yes—Drugs Present	<input type="checkbox"/> 7
<input type="checkbox"/> 8 Yes—Alcohol & Drugs Present	<input type="checkbox"/> 8
<input type="checkbox"/> 9 Unknown	<input type="checkbox"/> 9

90 **Alcohol**

AC Value AC Value

<input type="checkbox"/> 10 Test Not Given	<input type="checkbox"/> 10
<input type="checkbox"/> 11 Test Refused	<input type="checkbox"/> 11
<input type="checkbox"/> 12 Test Given, Alcohol Unknown	<input type="checkbox"/> 12
<input type="checkbox"/> 13 Test Given, No Alcohol Reported	<input type="checkbox"/> 13

91 **Drugs**

<input type="checkbox"/> 14 Test Not Given	<input type="checkbox"/> 14
<input type="checkbox"/> 15 Test Refused	<input type="checkbox"/> 15
<input type="checkbox"/> 16 Test Given, Drugs Unknown	<input type="checkbox"/> 16
<input type="checkbox"/> 17 Test Given, No Drugs Reported	<input type="checkbox"/> 17
<input type="checkbox"/> 18 Test Given, Drugs Reported (Specify Below)	<input type="checkbox"/> 18
<input type="checkbox"/> 19 Marijuana	<input type="checkbox"/> 19
<input type="checkbox"/> 20 Cocaine	<input type="checkbox"/> 20
<input type="checkbox"/> 21 Opiates	<input type="checkbox"/> 21
<input type="checkbox"/> 22 Amphetamines	<input type="checkbox"/> 22
<input type="checkbox"/> 23 PCP	<input type="checkbox"/> 23
<input type="checkbox"/> 24 Other Drug Medication	<input type="checkbox"/> 24
<input type="checkbox"/> 25 Type Unknown	<input type="checkbox"/> 25

Unit # 2 3 4 5 6 7 8 9 10

Pedestrian 92

Location <input type="checkbox"/> 1 In Crosswalk <input type="checkbox"/> 2 In Roadway <input type="checkbox"/> 3 Not in Roadway <input type="checkbox"/> 4 On Sidewalk	Action <input type="checkbox"/> 1 Walking not Facing Traffic <input type="checkbox"/> 2 Disregarded Signal <input type="checkbox"/> 3 Darting into Road <input type="checkbox"/> 4 Dark Clothing <input type="checkbox"/> 5 Walking Facing Traffic
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93 **Manner of Collision**

<input type="checkbox"/> 1 No Collision with Motor Vehicle in Transport
<input type="checkbox"/> 2 Rear-end
<input type="checkbox"/> 3 Head On
<input type="checkbox"/> 4 Rear to Rear
<input type="checkbox"/> 5 Angle
<input type="checkbox"/> 6 Sideswipe, Same Direction
<input type="checkbox"/> 7 Sideswipe, Opposite Direction
<input type="checkbox"/> 8 Unknown

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

94 **Darken Numbered Area(s) of Vehicle Damage**

95 **Extent of Damage**

<input type="checkbox"/> 9 None	<input type="checkbox"/> 4 Severe
<input type="checkbox"/> 10 Undercarriage	<input type="checkbox"/> 5 Very Severe
<input type="checkbox"/> 11 Total (Damage to All Areas)	<input type="checkbox"/> 6 Unknown
<input type="checkbox"/> 12 Other	<input type="checkbox"/> 3 Moderate
<input type="checkbox"/> 13 Unknown	

Vehicle Towed Due to Damage 96 (Y) (N)

Vehicle Removed By: 97

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

94 **Darken Numbered Area(s) of Vehicle Damage**

95 **Extent of Damage**

<input type="checkbox"/> 9 None	<input type="checkbox"/> 4 Severe
<input type="checkbox"/> 10 Undercarriage	<input type="checkbox"/> 5 Very Severe
<input type="checkbox"/> 11 Total (Damage to All Areas)	<input type="checkbox"/> 6 Unknown
<input type="checkbox"/> 12 Other	<input type="checkbox"/> 3 Moderate
<input type="checkbox"/> 13 Unknown	

Vehicle Towed Due to Damage 96 (Y) (N)

Vehicle Removed By: 97

82 **Fixed Object Struck**

Unit #	Unit #	Unit #	Unit #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Govt. Damage Tag # 83

PROPERTY OWNER 84

ADDRESS Street & Number 85

City & State ZIP Phone Number () 87

Draw Diagram of Accident & Indicate North with an arrow in the circle.

98

99 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 _____

107 _____

108 _____

109 _____

110 _____

111 _____

Photos By: _____

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

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

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 Warning	5
6	Warn Sign with Flasher	6
7	Yield Sign	7
8	Traffic Control Person	8
9	RR-xing Signal	9
10	Other	10
11	Other	11

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Officer's Opinion of Possible Contributing Circumstances

A E U

Document Number Override

121

Driver Factors section with two columns of checkboxes (1-14) and unit numbers (122).

Vehicle Factors section with two columns of checkboxes (1-12) and unit numbers (123).

Highway Factors section with two columns of checkboxes (1-13) and unit numbers (124).

OFFICER INFORMATION section including fields for Last, First, M.I., Law Enforcement Agency Address, City & State, ZIP, Phone Number, Agency #, Enforcement Agency, and Officer ID #.

Date and Time sections including Date Notified (Month, Day, Year), Time Notified (Hour, Min), Time Arrived (Hour, Min), and Date of Report (Month, Day, Year).

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

Truck & Bus Accident Information Part A and Part B sections with checkboxes for various accident conditions.

Hazardous Material Information section with checkboxes for hazardous material class numbers, placards, and cargo release.

Carrier Information section including Carrier Identification Numbers (US DOT, ICC MC, Carrier Address) and Source (Vehicle Side, Shipping Papers, Trip Manifest, Driver, Log Book).

Vehicle Information section including Vehicle Configuration (1-10) and Cargo Body Type (1-10) with corresponding icons.

SEQUENCE OF EVENTS FOR THIS VEHICLE section with checkboxes (1-4) for various event types like Ran off Road, Collision, etc.

A row of 15 empty checkboxes for additional information.

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