

MINNESOTA MOTOR VEHICLE ACCIDENT REPORT

PS 32001 - 08

The information on this report is used to help build safer roads.

Every driver in a crash involving \$1,000 or more in property damage, or injury or death, **MUST COMPLETE** this form and send it to **Driver and Vehicle Services** within 10 days. Failure to provide this information is a misdemeanor under Minnesota Statute 169.09, subdivision 7. See reverse side for address and for data privacy information.

DRIVER'S TRAFFIC ACCIDENT REPORT

E-form available at www.mndriveinfo.org

DO NOT DETACH

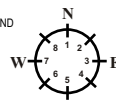
A T I M E - P L A C E	DATE OF ACCIDENT	MONTH	DAY	YEAR	DAY OF WEEK	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	TOTAL # OF VEHICLES INVOLVED	COUNTY	NAME OF CITY OR TOWNSHIP <input type="checkbox"/> CITY <input type="checkbox"/> TWP
	ACCIDENT OCCURRED (Choose only one box below and proceed to the right)		LOCATION OF ACCIDENT:							
	<input type="checkbox"/> AT INTERSECTION	ON: _____ (Street Name or Road Number)		AT: _____ (Street Name or Road Number)		LOCATION OF ACCIDENT:		DISTANCE	DIRECTION	FROM: _____ (Street Name or Road Number)
<input type="checkbox"/> NOT AT INTERSECTION	ON: _____ (Street Name or Road Number)		(Number)	<input type="checkbox"/> MILES <input type="checkbox"/> FEET	<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W				
<input type="checkbox"/> IN PARKING LOT	DESCRIBE LOCATION:									
B M Y V E H I C L E	DRIVER'S FULL NAME		ADDRESS			CITY		STATE	ZIP CODE	INJURY CODE*
	DRIVER'S LICENSE NUMBER		CLASS	STATE OF ISSUE	DATE OF BIRTH	SEX				
	OWNER'S FULL NAME		ADDRESS			CITY		STATE	ZIP CODE	
	LICENSE PLATE NUMBER	YEAR	STATE OF ISSUE	PARTS OF VEHICLE DAMAGED		ESTIMATE COST TO REPAIR				
TYPE (CAR, PICKUP, VAN, SUV, MOTORCYCLE, TRUCK, ETC.)										
MAKE										
MODEL										
YEAR										
COLOR										
# OF OCCUPANTS										
C I N S U R A N C E	GIVE FULL LIABILITY INSURANCE INFORMATION OR IT WILL BE ASSUMED YOU DID NOT HAVE INSURANCE									
	PLEASE NAME OF INSURANCE COMPANY (NOT AGENCY) _____									
	Automobile Insurance									
	POLICY NUMBER _____ Policy Period: from _____ to _____									
Name of Policy Holder _____ Address _____										
Your Signature X										
C O T H E R D R I V E R	FULL NAME		ADDRESS			CITY		STATE	ZIP CODE	INJURY CODE*
	DRIVER'S LICENSE NUMBER		CLASS	STATE OF ISSUE	DATE OF BIRTH	SEX				
	FULL NAME		ADDRESS			CITY		STATE	ZIP CODE	
	LICENSE PLATE NUMBER		YEAR	STATE OF ISSUE	PARTS OF VEHICLE DAMAGED		ESTIMATE COST TO REPAIR			
TYPE (CAR, PICKUP, VAN, SUV, MOTORCYCLE, TRUCK, ETC.)										
MAKE										
MODEL										
YEAR										
COLOR										
# OF OCCUPANTS										

SEE CODES ON REVERSE SIDE

IF MORE THAN TWO VEHICLES - FILL IN SECTION "C" ON SEPARATE FORM AND ATTACH

ENTER NUMBER FOR CORRECT RESPONSE IN EACH BOX BELOW

TYPE ACCIDENT COLLISION WITH A/N 1- MOTOR VEHICLE 2- PARKED MOTOR VEHICLE 3- ROADWAY EQUIPMENT - SNOWPLOW 4- ROADWAY EQUIPMENT - OTHER 5- TRAIN 6- PEDALCYCLE, BIKE, ETC. 7- PEDESTRIAN	8- DEER 9- OTHER ANIMAL 12- COLLISION WITH OTHER TYPE OF NON-FIXED OBJECT 13- OTHER COLLISION TYPE	COLLISION WITH FIXED OBJECT 21- CONSTRUCTION EQUIPMENT 22- TRAFFIC SIGNAL 23- RR CROSSING DEVICE 24- LIGHT POLE 25- UTILITY POLE 26- SIGN STRUCTURE 27- MAILBOXES 28- OTHER POLES	29- HYDRANT 30- TREE/SHRUBBERY 31- BRIDGE PIERS 32- MEDIAN SAFETY BARRIER 33- CRASH CUSHION 34- GUARDRAIL 35- FENCE (NON-MEDIAN BARRIER) 36- CULVERT/HEADWALL	37- EMBANKMENT/DITCH/CURB 38- BUILDING/WALL 39- ROCK OUTCROPS 40- PARKING METER 41- OTHER FIXED OBJECT 42- UNKNOWN FIXED OBJECT	NON-COLLISION 51- OVERTURN/ROLLOVER 52- SUBMERSION 53- FIRE/EXPLOSION 54- JACKKNIFE 55- LOSS/SPILLAGE NON-HAZ MAT 56- LOSS/SPILLAGE HAZ MAT 64- NON-COLLISION OF OTHER TYPE 65- NON-COLLISION OF UNKNOWN TYPE
YES NO DID THE CRASH OCCUR IN A WORK ZONE?	SPEED LIMIT ENTER POSTED SPEED LIMIT (NOT YOUR TRAVEL SPEED)				
YES NO IF YES, WERE WORKERS PRESENT?	WEATHER / ATMOSPHERE 1- CLEAR 3- RAIN 5- SLEET/HAIL/FREEZING RAIN 8- SEVERE CROSSWINDS 2- CLOUDY 4- SNOW 6- FOG/SMOG/SMOKE 7- BLOWING SAND/DUST/SNOW 90- OTHER				
ROAD SURFACE 1- DRY 3- SNOW 5- ICE PACKED SNOW 7- MUDDY 9- OILY 2- WET 4- SLUSH 6- WATER (STANDING/MOVING) 8- DEBRIS 90- OTHER	LIGHT CONDITION 1- DAY LIGHT 4- DARK (STREET LIGHTS ON) 7- DARK (UNKNOWN LIGHTING) 2- BEFORE SUNRISE (DAWN) 5- DARK (STREET LIGHTS OFF) 90- OTHER 3- AFTER SUNSET (DUSK) 6- DARK (NO STREET LIGHTS)				
TRAFFIC CONTROL DEVICE 1- TRAFFIC SIGNAL 7- SCHOOL BUS STOP ARM 13- RR OVERHEAD FLASHERS 2- OVERHEAD FLASHERS 8- SCHOOL ZONE SIGN 14- RR OVERHEAD FLASHERS/GATE 3- STOP SIGN - ALL APPROACHES 9- NO PASSING ZONE 15- RR SIGN ONLY 4- STOP SIGN - NOT ALL APPROACHES 10- RR CROSSING GATE (NO LIGHTS, GATES OR STOP SIGN) 5- YIELD SIGN 11- RR CROSSING - FLASHING LIGHTS 90- OTHER 6- OFFICER/FLAG PERSON/SCHOOL PATROL 12- RR CROSSING - STOP SIGN 98- NOT APPLICABLE	MANNER OF COLLISION 1- REAR END 4- RAN OFF ROAD - LEFT SIDE 8- HEAD ON 2- SIDESWIPE - SAME DIRECTION 5- RIGHT ANGLE ("T-BONE") 9- SIDE SWIPE - OPPOSING DIRECTION 3- LEFT TURN 6- RIGHT TURN 7- RAN OFF ROAD - RIGHT SIDE 90- OTHER				
ACTIONS / MANEUVERS PRIOR TO ACCIDENT BY VEHICLE 1- GOING STRAIGHT AHEAD 2- FOLLOWING ROADWAY 3- WRONG WAY INTO OPPOSING TRAFFIC 4- STOP SIGN - NOT ALL APPROACHES 5- YIELD SIGN 6- OFFICER/FLAG PERSON/SCHOOL PATROL 7- STARTING FROM PARKED POSITION 8- STARTING IN TRAFFIC 9- SLOWING IN TRAFFIC 10- STOPPED IN TRAFFIC 11- ENTERING PARKED POSITION 12- AVOID UNIT/OBJECT IN ROAD 13- CHANGING LANES 14- OVERTAKING/PASSING 15- MERGING 16- BACKING 17- STALLED ON ROADWAY	PARKED VEHICLES 21- PARKED LEGALLY 22- PARKED ILLEGALLY 23- VEHICLE STOPPED OFF ROADWAY	BY PEDESTRIAN 31- CROSSING WITH SIGNAL 32- CROSSING AGAINST SIGNAL 33- DARTING INTO TRAFFIC 34- OTHER IMPROPER CROSSING 35- CROSSING IN A MARKED CROSSWALK 36- CROSSING (NO SIGNAL OR CROSSWALK) 37- FAIL TO YIELD RIGHT OF WAY TO TRAFFIC 38- INATTENTION/DISTRACTION 39- WALKING/RUNNING IN ROAD WITH TRAFFIC	BY BICYCLIST 40- WALKING/RUNNING IN ROAD AGAINST TRAFFIC 41- STANDING/LYING IN ROAD 42- EMERGING FROM BEHIND PARKED VEHICLE 43- CHILD GETTING ON/OFF SCHOOL BUS 44- PERSON GETTING ON/OFF VEHICLE 45- PUSHING/WORKING ON VEHICLE 46- WORKING IN ROADWAY 47- PLAYING IN ROADWAY 48- NOT IN ROADWAY	BY BICYCLIST 51- RIDING WITH TRAFFIC 52- RIDING AGAINST TRAFFIC 53- MAKING RIGHT TURN 54- MAKING LEFT TURN 55- MAKING U-TURN 56- RIDING ACROSS ROAD 57- SLOWING/STOPPING/STARTING 90- OTHER	DIRECTION OF TRAVEL PRIOR TO ACCIDENT 1- NORTHBOUND 2- NORTH EASTBOUND 3- EASTBOUND 4- SOUTH EASTBOUND 5- SOUTHBOUND 6- SOUTH WESTBOUND 7- WESTBOUND 8- NORTH WESTBOUND



CONTINUE REPORT ON OTHER SIDE	WAS THERE A POLICE OFFICER AT THE SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE PATROL) _____
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