

MINNESOTA MOTOR VEHICLE ACCIDENT REPORT

FOR STATE USE ONLY

A TIME PLACE

DRIVER'S TRAFFIC ACCIDENT REPORT

DATE OF ACCIDENT: MONTH _____ DAY _____ YEAR _____ DAY OF WEEK _____ TIME AM PM COUNTY _____ AGENCY LOCATION CODE _____

NAME OF STREET OR ROAD NUMBER _____ CITY OF _____ TWP OF _____

AT INTERSECTION WITH _____ OR: _____ MILES _____ FEET _____ OF: _____ NAME OF STREET, ROAD NUMBER, OR CITY _____

B MY VEHICLE NO. 1

OWNER'S FULL NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TEL. # _____

DRIVER'S FULL NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TEL. # _____ INJURY CODE* _____

DRIVER'S LICENSE NUMBER _____ CLASS _____ STATE OF ISSUE _____ DATE OF BIRTH _____ SEX _____ RESTRAINT CODE* _____ EJECT CODE* _____

LICENSE PLATE NUMBER _____ YEAR _____ STATE OF ISSUE _____ PARTS OF VEHICLE _____ VEHICLE NO. 1 SHOW POINTS OF DAMAGE _____ FRONT _____ ESTIMATED COST OF REPAIRS \$ _____

MODEL YEAR _____ MAKE _____ UNIT NO. _____ COLOR _____ TYPE (AUTO, TRUCK, TAXI, ETC.) _____ NUMBER OF OCCUPANTS _____

TOTAL # OF VEHICLES INVOLVED THE STATE OF MINNESOTA IS SELF-INSURED THE POLICY IDENTIFICATION NUMBER IS A-1046

C OTHER VEHICLE NO. 2

OTHER OWNER FULL NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TEL. # _____

OTHER DRIVER FULL NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TEL. # _____ INJURY CODE* _____

DRIVER'S LICENSE NUMBER _____ CLASS _____ STATE OF ISSUE _____ DATE OF BIRTH _____ SEX _____

LICENSE PLATE NUMBER _____ YEAR _____ STATE OF ISSUE _____ PARTS OF VEHICLE _____ VEHICLE NO. 2 SHOW POINTS OF DAMAGE _____ FRONT _____ ESTIMATED COST OF REPAIRS \$ _____

MODEL YEAR _____ MAKE _____ COLOR _____ TYPE (AUTO, TRUCK, TAXI, ETC.) _____ NUMBER OF OCCUPANTS _____

NAME OF INSURANCE COMPANY (NOT AGENT) _____ POLICY NUMBER _____

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

DESCRIBE PROPERTY DAMAGED (NOT VEHICLES) _____ APPROX. COST OF REPAIR \$ _____

OWNER OF PROPERTY _____ MAILING ADDRESS _____

- 1 TYPE ACCIDENT**
- | | |
|---------------------------------------|-----------------------|
| 1 - MOTOR VEHICLE ON SAME ROADWAY | 11 - OVERTURN |
| 2 - MOTOR VEHICLE ON SEPARATE ROADWAY | 12 - FIRE/EXPLOSION |
| 3 - PARKED MOTOR VEHICLE | 13 - SUBMERSION |
| 4 - TRAIN | |
| 5 - BICYCLIST | 90 - OTHER (DESCRIBE) |
| 6 - PEDESTRIAN | |
| 7 - DEER | |
| 8 - OTHER ANIMAL | |
| 9 - FIXED OBJECT | |
| 10 - FALLING OBJECT (DESCRIBE) | |
- 2 TRAFFIC CONTROL DEVICE**
- | | |
|--------------------------------------|----------------------------------|
| 1 - TRAFFIC SIGNAL | 10 - RR CROSSING GATES |
| 2 - OVERHEAD FLASHERS | 11 - RR CROSSING FLASHING LIGHTS |
| 3 - STOP SIGN - ALL APPROACHES | 12 - RR CROSSING STOP SIGN |
| 4 - STOP SIGN - OTHER | 13 - RR OVERHEAD FLASHERS |
| 5 - YIELD SIGN | 14 - RR OVERHEAD FLASHERS/GATE |
| 6 - OFFICER/FLAGPERSON/SCHOOL PATROL | 15 - RR CROSSBUCK |
| 7 - SCHOOL BUS STOP ARM | 90 - OTHER (DESCRIBE) |
| 8 - SCHOOL SIGN ZONE | |
| 9 - NO PASSING ZONE | |
- 3 ROAD WORK**
- | | |
|------------------|-----------------------|
| 1 - NONE | WORK ZONE NOT MARKED |
| 2 - CONSTRUCTION | 5 - CONSTRUCTION |
| 3 - MAINTENANCE | 6 - MAINTENANCE |
| 4 - UTILITY | 7 - UTILITY |
| | 90 - OTHER (DESCRIBE) |

DIRECTIONS

FILL IN THE BOXES NEXT TO THE ARROW BY ENTERING THE NUMBER OF THE ITEM WHICH BEST DESCRIBES THE CIRCUMSTANCES OF THE ACCIDENT

IF A QUESTION DOES NOT APPLY, ENTER A DASH (-)

IF AN ANSWER IS UNKNOWN, ENTER AN "X":

- FIXED OBJECT STRUCK**
- | | |
|----------------------------|---------------------------------|
| 0 - NOT APPLICABLE | 12 - MEDIAN SAFETY BARRIER |
| 1 - CONSTRUCTION EQUIPMENT | 13 - BRIDGE/PIER/GUARDRAIL |
| 2 - TRAFFIC SIGNAL | 14 - OTHER GUARDRAIL |
| 3 - RR CROSSING DEVICE | 15 - FENCE (NON-MEDIAN BARRIER) |
| 4 - LIGHT POLE | 16 - CULVERT/HEADWALL |
| 5 - UTILITY POLE | 17 - EMBANKMENT/DITCH/CURB |
| 6 - SIGN STRUCTURE/POST | 18 - BUILDING/WALL |
| 7 - MAILBOXES AND/OR POSTS | 19 - ROCK OUTCROPS |
| 8 - OTHER POLES, ETC. | 20 - PARKING METER |
| 9 - HYDRANT | 90 - OTHER (DESCRIBE) |
| 10 - TREE/SHRUBBERY | |
| 11 - CRASH CUSHION | |
- 4**
- LIGHT**
- | | |
|---------------|-----------------------------|
| 1 - DAYLIGHT | 4 - DARK (STREET LIGHTS ON) |
| 2 - DAWN (AM) | 5 - DARK (STREET LIGHT OFF) |
| 3 - DUSK (PM) | 6 - DARK (NO STREET LIGHTS) |
| | 90 - OTHER (DESCRIBE) |
- 5**
- WEATHER/ATMOSPHERE**
- | | |
|------------------------------|----------------------------|
| 1 - CLEAR | 6 - FOG/SMOG/SMOKE |
| 2 - CLOUDY | 7 - BLOWING SAND/DUST/SNOW |
| 3 - RAIN | 8 - SEVERE CROSSWINDS |
| 4 - SNOW | 90 - OTHER (DESCRIBE) |
| 5 - SLEET/HAIL/FREEZING RAIN | |
- 6**
- ROAD SURFACE**
- | | |
|---------------------|-----------------------|
| 1 - DRY | 5 - MUDDY |
| 2 - WET | 6 - DEBRIS |
| 3 - SNOW/SLUSH | 7 - OILY |
| 4 - ICE/PACKED SNOW | 90 - OTHER (DESCRIBE) |
- 7**

USE BOXES 8 AND 10 FOR YOUR VEHICLE (#1) AS IN SECTION B. USE BOXES 9 AND 11 FOR OTHER VEHICLE (#2) AS IN SECTION C.

8 **-BY VEHICLE-**

1 - GOING STRAIGHT AHEAD/FOLLOWING ROADWAY	41 - CROSSING WITH SIGNAL	71 - RIDING WITH TRAFFIC
2 - WRONG WAY INTO OPPOSING TRAFFIC	42 - CROSSING AGAINST SIGNAL	72 - RIDING AGAINST TRAFFIC
3 - RIGHT TURN ON RED	43 - CROSSING MARKED CROSSWALK	73 - MAKING RIGHT TURN
4 - LEFT TURN ON RED	44 - CROSSING (NO SIGNAL OR MARKED CROSSWALK)	74 - MAKING LEFT TURN
5 - MAKING RIGHT TURN	45 - WALK/RUN IN ROAD WITH TRAFFIC	75 - MAKING U-TURN
6 - PARKED LEGALLY	46 - WALK/RUN IN ROAD AGAINST TRAFFIC	76 - RIDING ACROSS ROAD
7 - MAKING U-TURN	47 - STANDING IN ROAD	77 - SLOWING/STOPPING/STARTING
8 - STARTING FROM PARKED POSITION	48 - EMERGING FROM BEHIND PARKED VEHICLE	90 - OTHER ACTION (DESCRIBE)
9 - STARTING IN TRAFFIC	49 - CHILD GETTING OFF SCHOOL BUS	
10 - SLOWING IN TRAFFIC	50 - GETTING ON/OFF VEHICLE	
11 - STOPPED IN TRAFFIC	51 - PUSHING/WORKING ON VEHICLE	
12 - ENTERING PARKED POSITION	52 - WORKING IN ROADWAY	
13 - PARKED ILLEGALLY	53 - PLAYING IN ROADWAY	
14 - PARKED ILLEGALLY	54 - NOT IN ROADWAY	
15 - AVOIDING VEHICLE/OBJECT IN ROAD		
17 - CHANGING LANE		
18 - OVERTAKING/PASSING		
19 - MERGING		
20 - BACKING		
21 - STALLED		

9 **-BY PEDESTRIAN-**

10 **-BY BICYCLIST-**

11 PRE-ACCIDENT DIRECTION OF TRAVEL

1 - NORTH	2	3
4 - NORTHEAST	5	6
7 - EAST	8	9
10 - SOUTHEAST	11	12
13 - SOUTH	14	15
16 - SOUTHWEST	17	18
19 - WEST	20	21
22 - NORTHWEST	23	24

CONTINUE REPORT ON OTHER SIDE | WAS THERE A POLICE OFFICER AT THE SCENE? YES NO | IF YES, WHAT DEPARTMENT (NAME OF CITY OR COUNTY): _____ | WHAT WAS THE POSTED SPEED LIMIT AT THE ACCIDENT SCENE _____

*CODES ON BACK

Check all that apply - FOR MNDOT USE ONLY

Road

Operations

Vehicle Hit

- 1. Two lane, undivided
- 2. Two lane, divided
- 3. Multi-lane, divided
- 4. Unpaved

- 1. Right Hand Plowing
- 2. Left Hand Plowing
- 3. Right Hand Winging
- 4. Left Hand Winging
- 13. Other

- 5. Sand/Salt
- 6. Patching
- 7. Bridge work
- 8. Guard Rail
- 9. Mowing
- 10. Sweeping
- 11. Construction
- 12. Striping

- 1. In Front
- 2. Left Side
- 3. Right Side
- 4. Rear

ENTER TRAFFIC CONTROL LAYOUT NUMBER

12 →

ENTER APPROXIMATE TEMPERATURE AT LOCATION OF ACCIDENT

13 → °F

- OCCUPANT SEAT POSITION CODES -

- 1 - FRONT LEFT
- 2 - FRONT CENTER
- 3 - FRONT RIGHT
- 4 - SECOND SEAT LEFT
- 5 - SECOND SEAT CENTER
- 6 - SECOND SEAT RIGHT
- 7 - THIRD SEAT LEFT
- 8 - THIRD SEAT CENTER
- 9 - THIRD SEAT RIGHT
- 10 - OUTSIDE OF VEHICLE
- 11 - MOTORCYCLE/SNOWMOBILE/BICYCLE DRIVER
- 12 - MOTORCYCLE/SNOWMOBILE/BICYCLE PASSENGER ON UNIT
- 13 - MOTORCYCLE/SNOWMOBILE/BICYCLE PASSENGER ON TRAILER/SIDECAR
- 90 - OTHER (DESCRIBE)

- RESTRAINT DEVICE CODES -

- 1 - SEAT BELT NOT INSTALLED
- 2 - SEAT BELT INSTALLED, NOT USED
- 3 - SEAT BELT INSTALLED, USED
- 4 - SEAT BELT INSTALLED, IMPROPERLY USED
- 5 - AUTOMATIC BELT INSTALLED, USED
- 6 - AUTOMATIC BELT INSTALLED, CIRCUMVENTED
- 7 - AIRBAG USED WITH SEATBELT
- 8 - AIRBAG USED WITHOUT SEATBELT
- 9 - CHILD RESTRAINT NOT INSTALLED
- 10 - CHILD RESTRAINT INSTALLED, NOT USED
- 12 - CHILD RESTRAINT INSTALLED, USED
- 13 - CHILD RESTRAINT IMPROPERLY USED
- 14 - HELMET NOT USED
- 15 - HELMET USED
- 90 - OTHER (DESCRIBE)

- EJECTION CODES -

- 0 - NOT APPLICABLE
- 1 - TRAPPED, EXTRICATED
- 2 - PARTIALLY EJECTED
- 3 - EJECTED
- 4 - NOT EJECTED

- INJURY CODES -

- K - KILLED
- A - VISIBLE SIGNS OF INJURY, AS BLEEDING WOUND OR DISTORTED MEMBER, OR HAD TO BE CARRIED FROM SCENE
- B - OTHER VISIBLE INJURY, AS BRUISES, ABRASIONS, SWELLING, LIMPING, ETC.
- C - NO VISIBLE INJURY BUT COMPLAINT OF PAIN OR MOMENTARY UNCONSCIOUSNESS
- N - NO INDICATION OF INJURY
- X - UNKNOWN

DRIVER: Were You On Work Status? YES NO

*CODES ARE ABOVE ON THIS PAGE

V E H I C L E S	1. NAME	CITY	STATE	AGE	SEX	SEAT*	RESTRAINT*	EJECTION*	INJURY*
	2. NAME	CITY	STATE	AGE	SEX	SEAT*	RESTRAINT*	EJECTION*	INJURY*
V E H I C L E S	1. NAME	CITY	STATE	AGE	SEX	SEAT*	RESTRAINT*	EJECTION*	INJURY*
	2. NAME	CITY	STATE	AGE	SEX	SEAT*	RESTRAINT*	EJECTION*	INJURY*

DESCRIBE ACCIDENT IN SUFFICIENT DETAIL TO DISCLOSE CAUSES. This is a confidential report for department use only.

DIAGRAM WHAT HAPPENED

INDICATE NORTH BY ARROW

WITNESSES	NAME	ADDRESS	PHONE ()
	NAME	ADDRESS	PHONE ()

SIGNATURE	Employee's Signature	Work Address	Phone ()	Date	<input type="checkbox"/> CHECK IF REPORT WAS SENT TO DPS	<input type="checkbox"/> CHECK IF PHOTOS WERE TAKEN BY WHOM?
	Supervisor's Signature	Work Address	Phone ()	Date		
	Safety Officer's Signature (optional)	Work Address	Phone ()	Date		