

MINNESOTA MOTOR VEHICLE ACCIDENT REPORT FOR STATE USE ONLY

DRIVER'S TRAFFIC ACCIDENT REPORT

A	TIME	DATE OF ACCIDENT	MONTH	DAY	YEAR	DAY OF WEEK	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY	AGENCY LOCATION CODE	
	PLACE	NAME OF STREET OR ROAD NUMBER									<input type="checkbox"/> CITY <input type="checkbox"/> TWP OF
		ON:									
	AT INTERSECTION WITH	<input type="checkbox"/> MILES <input type="checkbox"/> FEET	<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	NAME OF STREET, ROAD NUMBER OR CITY						

B	MY VEHICLE NUMBER 1	STATE AGENCY 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	ESTIMATED COST OF REPAIRS \$	NUMBER OF OCCUPANTS	

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

C	VEHICLE NUMBER 2	OTHER OWNER		FULL NAME		ADDRESS		CITY	STATE	ZIP CODE	TEL. #	
		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. 1 SHOW POINTS OF DAMAGE	ESTIMATED COST OF REPAIRS \$	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) APPROXIMATE COST OF REPAIR \$

OWNER OF PROPERTY MAILING ADDRESS

1		<p style="text-align: center;">TYPE OF ACCIDENT</p> <p>COLLISION WITH A(N) 1 - MOTOR VEHICLE ON SAME ROADWAY 2 - MOTOR VEHICLE ON SEPARATE ROADWAY 3 - PARKED MOTOR VEHICLE 4 - TRAIN 5 - BICYCLIST 6 - PEDESTRIAN 7 - DEER 8 - OTHER ANIMAL 9 - FIXED OBJECT 10 - FALLING OBJECT (DESCRIBE)</p>	<p style="text-align: center;">NON-COLLISION</p> <p>11 - OVERTURN 12 - FIRE/EXPLOSION 13 - SUBMERSION 90 - OTHER (DESCRIBE)</p>
2		<p style="text-align: center;">TRAFFIC CONTROL DEVICE</p> <p>1 - TRAFFIC SIGNAL 2 - OVERHEAD FLASHERS 3 - STOP SIGN - ALL APPROACHES 4 - STOP SIGN - OTHER 5 - YIELD SIGN 6 - OFFICER/FLAG PERSON, SCHOOL PATROL 7 - SCHOOL BUS STOP ARM 8 - SCHOOL SIGN ZONE 9 - NO PASSING ZONE</p>	<p style="text-align: center;">ROAD WORK</p> <p>10 - RR CROSSING GATES 11 - RR CROSSING FLASHING LIGHTS 12 - RR CROSSING STOP SIGN 13 - RR CROSSING FLASHERS 14 - RR OVERHEAD FLASHERS/GATE 15 - RR CROSSBUCK 90 - DESCRIBE</p>
3		<p style="text-align: center;">ROAD WORK</p> <p>1 - NONE 2 - WORK ZONE MARKED 3 - CONSTRUCTION 4 - MAINTENANCE 5 - UTILITY</p>	<p style="text-align: center;">WORK ZONE NOT MARKED</p> <p>6 - CONSTRUCTION 7 - MAINTENANCE 8 - UTILITY 90 - OTHER (DESCRIBE)</p>

DIRECTIONS

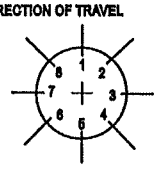
FILL IN THE BOXES NEXT TO THE ARROW BY ENTERING THE NUMBER OF THE ITEM WHICH BEST DESCRIBES THE CIRCUMSTANCES OF THE ACCIDENT.

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

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

<p style="text-align: center;">FIXED OBJECT STRUCK</p> <p>0 - NOT APPLICABLE 1 - CONSTRUCTION EQUIPMENT 2 - TRAFFIC SIGNAL 3 - RR CROSSING DEVICE 4 - LIGHT POLE 5 - UTILITY POLE 6 - SIGN STRUCTURE/POST 7 - MAILBOXES AND/OR POSTS 8 - OTHER POLES, ETC. 9 - HYDRANT 10 - TREE/SHRUBBERY 11 - CRASH CUSHION</p>	<p style="text-align: center;">LIGHT</p> <p>4 - DARK (STREET LIGHTS ON) 5 - DARK (STREET LIGHTS OFF) 6 - DARK (NO STREET LIGHTS) 90 - OTHER (DESCRIBE)</p>
<p style="text-align: center;">WEATHER/ATMOSPHERE</p> <p>1 - CLEAR 2 - CLOUDY 3 - RAIN 4 - SNOW 5 - SLEET/HAIL/FREEZING RAIN</p>	<p style="text-align: center;">WEATHER/ATMOSPHERE</p> <p>6 - FOG/SMOG/SMOKE 7 - BLOWING SAND/DUST/SNOW 8 - SEVERE CROSSWINDS 90 - OTHER (DESCRIBE)</p>
<p style="text-align: center;">ROAD SURFACE</p> <p>1 - DRY 2 - WET 3 - SNOW/SLUSH 4 - ICE/PACKED SNOW</p>	<p style="text-align: center;">ROAD SURFACE</p> <p>5 - MUDDY 6 - DEBRIS 7 - OILY 90 - OTHER (DESCRIBE)</p>

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.

<p style="text-align: center;">PRE-ACCIDENT ACTIONS/MANEUVERS</p> <p>- BY VEHICLE - 1 - GOING STRAIGHT AHEAD/FOLLOWING ROADWAY 2 - WRONG WAY INTO OPPOSING TRAFFIC 3 - RIGHT TURN ON RED 4 - LEFT TURN ON RED 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - STARTING FROM PARKED POSITION 9 - STARTING IN TRAFFIC 10 - SLOWING IN TRAFFIC 11 - STOPPED IN TRAFFIC 12 - ENTERING PARKED POSITION 13 - PARKED LEGALLY 14 - PARKED ILLEGALLY 15 - AVOIDED VEHICLE/OBJECT IN ROAD 16 - CHANGING LANE 17 - OVERTAKING/PASSING 18 - MERGING 19 - BACKING 20 - STALLED</p>	<p style="text-align: center;">PRE-ACCIDENT DIRECTION OF TRAVEL</p> <p>1 - NORTH 2 - NORTHEAST 3 - EAST 4 - SOUTHEAST 5 - SOUTH 6 - SOUTHWEST 7 - WEST 8 - NORTHWEST</p> 	<p style="text-align: center;">PRE-ACCIDENT DIRECTION OF TRAVEL</p> <p>90 - OTHER ACTION (DESCRIBE)</p>
<p style="text-align: center;">CONTINUE REPORT ON OTHER SIDE</p>	<p>WAS THERE A POLICE OFFICER AT THE SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>IF YES, WHAT DEPARTMENT? (NAME OF CITY OR COUNTY)</p>
		<p>WHAT WAS THE POSTED SPEED LIMIT AT THE SCENE OF THE ACCIDENT?</p>

***CODES ON BACK**

