**MINNESOTA MOTOR VEHICLE ACCIDENT REPORT**

**FOR STATE USE ONLY**

**A**

**DATE OF ACCIDENT**

- **DAY**
- **MONTH**
- **YEAR**

**DAY OF WEEK**

- **TIME**
- **PM**

**COUNTY**

- **AGENCY LOCATION CODE**

**NAME OF STREET OR ROAD NUMBER**

- **ON:**
  - **MILES**
  - **N**
  - **E**

**NAME OF STREET, ROAD NUMBER OR CITY**

- **WITH:**
  - **Feet**
  - **S**
  - **W**

**B**

**STATE/AGENCY NAME**

- **ADDRESS**
- **CITY**
- **STATE ZP CODE**
- **TEL. #**

**DRIVER'S FULL NAME**

- **ADDRESS**
- **CITY**
- **STATE ZP CODE**
- **TEL. #**

**INJURY CODE**

- **LICENSE PLATE NUMBER**

**VEHICLE NO. 1**

- **YEAR**
- **STATE OF ISSUE**
- **PARTS OF VEHICLE**
- **ESTIMATED COST OF REPAIRS**

**VEHICLE NO. 2**

- **MODEL YEAR**
- **MAKE**
- **UNIT NO.**
- **VIN**

**NUMBER OF OCCUPIANTS**

**TOTAL # OF VEHICLES INVOLVED**

- **THE STATE OF MINNESOTA IS SELF-INSURED/THE POLICY IDENTIFICATION NUMBER IS A-1046**

**C**

**OTHER OWNER**

- **FULL NAME**
- **ADDRESS**
- **CITY**
- **STATE ZP CODE**
- **TEL. #**

**INJURY CODE**

- **DRIVER'S LICENSE NUMBER**

**VEHICLE NO. 1**

- **YEAR**
- **STATE OF ISSUE**
- **PARTS OF VEHICLE**
- **COLOR**
- **TYPE (AUTO, TRUCK, TAXI, ETC.)**

**NUMBER OF OCCUPIANTS**

**NAME OF INSURANCE COMPANY (NOT AGENT)**

- **POLICY NUMBER**

**DESCRIPTION**

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

**APPROXIMATE COST OF REPAIR**

**OWNER OF PROPERTY**

- **MAILING ADDRESS**

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**1. COINCIDENCE WITH AIR**

- **1. MOTOR VEHICLE ON SAME ROADWAY**
- **2. MOTOR VEHICLE ON SEPARATE ROADWAY**
- **3. PASSING MOTOR VEHICLE**
- **4. BIKE/DUTCH**
- **5. PEDESTRIAN**
- **6. OTHER**
- **7. UNMARKED**

**2. TRAFFIC SIGNAL**

- **1. SIGNAL_attributed**
- **2. OVERHEAD FLASHERS**
- **3. STOP SIGN - ALL APPROACHES**
- **4. STOP SIGN - OTHER**
- **5. YIELD SIGN**
- **6. OVERHEAD FLASHER/PERSON, SCHOOL PATROL**
- **7. SCHOOL BUS STOP ARM**
- **8. SCHOOL BUS ZONE**
- **9. NO PARKING**

**3. ROAD WORK**

- **1. ROAD WORK**
- **2. CONSTRUCTION**
- **3. MAINTENANCE**
- **4. WET**
- **5. UTILITY**

**4. COLLISION WITH AIR**

- **1. NON-COLLISION**
- **2. Українська**
- **3. CROSSING WITHOUT SIGNAL**
- **4. ADMIRAL**
- **5. CROSSING AGAINST SIGNAL**
- **6. CROSSING MARKED CROSSING**
- **7. CROSSING NO SIGNAL OR MARKED CROSSING**
- **8. TRAFFIC ON ROAD W/ TRAFFIC**
- **9. PRECEDING ARM**
- **10. ARMED CROSSING ROAD**
- **11. ARMED CHAIN ROAD**
- **12. ARMED CHAIN ROAD**
- **13. ARMED CHAIN ROAD**

**DIRECTIONS**

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

**FIXED OBJECT IN TRUCK**

- **1. FIXED OBJECT NOT TRUCK**
- **2. LIGHT**
- **3. CLEAR**
- **4. CLEAR**
- **5. CLEAR**
- **6. CLEAR**
- **7. CLEAR**
- **8. CLEAR**
- **9. CLEAR**

**WEATHER/ATMOSPHERE**

- **1. CLEAR**
- **2. CLOUDY**
- **3. RAIN**
- **4. SNOW**
- **5. OTHER**

**ROAD SURFACE**

- **1. DRY**
- **2. WET**
- **3. SNOWY**
- **4. SLIPPERY/SLIPPERY**

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

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**BY VEHICLE**

- **1. BLOCKING AHEAD FOLLOWING ROADWAY**
- **2. BLOCKING AHEAD CROSSING**
- **3. BLOCKING AHEAD CROSSING**
- **4. BLOCKING AHEAD CROSSING**
- **5. BLOCKING AHEAD CROSSING**
- **6. BLOCKING AHEAD CROSSING**
- **7. BLOCKING AHEAD CROSSING**
- **8. BLOCKING AHEAD CROSSING**
- **9. BLOCKING AHEAD CROSSING**
- **10. BLOCKING AHEAD CROSSING**

**BY PEDESTRIAN**

- **1. CROSSING THE STREET**
- **2. CROSSING THE STREET**
- **3. CROSSING THE STREET**
- **4. CROSSING THE STREETS**
- **5. CROSSING THE STREETS**
- **6. CROSSING THE STREETS**
- **7. CROSSING THE STREETS**
- **8. CROSSING THE STREETS**
- **9. CROSSING THE STREETS**
- **10. CROSSING THE STREETS**

**BY CYCLE/BIKE**

- **1. CROSSING (WITH) OR AGAINST**
- **2. BIKE/BIKE**
- **3. BIKE/BIKE**
- **4. BIKE/BIKE**
- **5. BIKE/BIKE**
- **6. BIKE/BIKE**
- **7. BIKE/BIKE**
- **8. BIKE/BIKE**
- **9. BIKE/BIKE**

**PRE-ACCIDENT DIRECTION OF TRAVEL**

- **1. NORTH**
- **2. SOUTH**
- **3. EAST**
- **4. WEST**
- **5. NORTHWEST**
- **6. SOUTHWEST**
- **7. NORTHWEST**

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**PRE-ACCIDENT ACTIONS/ANOTHERS**

- **1. BY VEHICLE**
- **2. BY CYCLE/BIKE**
- **3. BY PEDESTRIAN**

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**IF YES, WHAT DEPARTMENT NAME OF CITY OR COUNTY**

- **1. POLICE**
- **2. FIRE**
- **3. OTHER**

**WHAT WAS THE POSTED SPEED LIMIT AT THE SCENE OF THE ACCIDENT**

- **1. 25 MPH**
- **2. 30 MPH**
- **3. 40 MPH**
- **4. 50 MPH**
- **5. 60 MPH**
- **6. 70 MPH**
- **7. 80 MPH**
- **8. OTHER**

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**CONTINUE REPORT ON OTHER SIDE**
The information in 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 169.08.

- 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. STOPPED IN TRAFFIC
12. MOTORCYCLE/SNOWMOBILE/BICYCLE DRIVER
13. MOTORCYCLE/SNOWMOBILE/BICYCLE PASSENGER ON UNIT
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, CIRCUMVENTED
6. AIRBAG USED WITH SEATBELT
7. AIRBAG USED WITHOUT SEATBELT
8. CHILD RESTRAINT INSTALLED, USED
9. CHILD RESTRAINT NOT INSTALLED
10. CHILD RESTRAINT INSTALLED, NOT USED
11. CHILD RESTRAINT NOT INSTALLED
12. CHILD RESTRAINT IMPROPERLY USED
13. HELMET USED
14. HELMET NOT 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 WOUNDS OR DISTORTED MEMBERS, OR HAD TO BE CARRIED FROM THE SCENE
B. OTHER VISIBLE INJURY, AS BRUISES, ARRASIONS, 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

1. NAME STATE AGE SEX SEAT* RESTRAINT* EJECTION* INJURY*
1. NAME STATE AGE SEX SEAT* RESTRAINT* EJECTION* INJURY*

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

DIAGRAM WHAT HAPPENED BY ARROW

INDICATE NORTH

WITNESSES

NAME ADDRESS PHONE

NAME ADDRESS PHONE

NAME ADDRESS PHONE

EMPLOYER’S SIGNATURE WORK ADDRESS PHONE

SAFETY OFFICER’S SIGNATURE (OPTIONAL) WORK ADDRESS PHONE

SUPERVISOR’S NAME WORK ADDRESS PHONE

☐ CHECK IF PHOTOS WERE TAKEN BY WHOM?

(MAY 2010)