

# MOTOR VEHICLE FATAL SUPPLEMENT REPORT

Wisconsin Department of Transportation  
MV3480 12/2005 s.346.70 Wis. Stats.

1. Document Number  
(From MV4000)

## ACCIDENT INFORMATION

2. Accident Date (Mo-Day-Yr)	3. No. of Travel Lanes	4. Time Ambulance NOTIFIED a.m. p.m.	5. Time Ambulance Arrived at SCENE a.m. p.m.	6. Time Ambulance Arrived at HOSPITAL a.m. p.m.
<b>7. Roadway Surface Type</b> 1 Concrete 2 Blacktop (Bituminous) 3 Brick or Block 4 Slag, Gravel or Stone 5 Dirt 8 Other <input type="checkbox"/>	<b>8. Roadway Profile</b> 1 Level 2 Grade 3 Hillcrest 4 Sag <input type="checkbox"/>	<b>9. Special Jurisdiction</b> 0 No Special Jurisdiction 1 National Park Service 2 Military 3 Indian Reservation 4 College/University Campus 5 Other Federal Properties <input type="checkbox"/>	<b>10. Relation To Roadway</b> 1 On Roadway 2 Shoulder 3 Median 4 Roadside 5 Outside Right of Way 6 Off Roadway - Location Unknown <input type="checkbox"/> 7 In Parking Lane 8 Gore	<b>11. Trafficway Flow</b> 1 Not Physically Divided (Two Way Trafficway) 2 Divided Highway, Median Strip (Without Traffic Barrier) 3 Divided Highway, Median Strip (With Traffic Barrier) 4 One Way Trafficway <input type="checkbox"/>

## VEHICLE INFORMATION

12. Special Use 0 No Special Use 1 Taxi 2 Vehicle Used as School Bus 3 Vehicle Used as Other Bus 4 Military 5 Police 6 Ambulance 7 Fire Truck	13. Emergency Use Y/N See s.340.01(3), 346.03 Wis. Stats.	14. Fire Y/N	15. Estimated Travel Speed
<input type="checkbox"/> Unit 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3	<input type="checkbox"/> Unit 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3	<input type="checkbox"/> Unit 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3	<input type="checkbox"/> Unit 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3

## SURVIVING DRIVER INFORMATION

Unit	16. NAME First MI Last	17. Ejected Y/N	18. Extricated Y/N
<b>Unit 1</b>		<input type="checkbox"/>	<input type="checkbox"/>
19. Alcohol Test Given Y/N <input type="checkbox"/>	21. Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	22. Drug Test Given Y/N <input type="checkbox"/>	23. Drug Test Type - Circle One Blood Urine
20. Alcohol Test Results-Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	<input type="checkbox"/> Results	24. Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown	<input type="checkbox"/> <input type="checkbox"/>
<b>Unit 2</b>		<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Test Given Y/N <input type="checkbox"/>	Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	Drug Test Given Y/N <input type="checkbox"/>	Drug Test Type - Circle One Blood Urine
Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	<input type="checkbox"/> Results	Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown	<input type="checkbox"/> <input type="checkbox"/>
<b>Unit 3</b>		<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Test Given Y/N <input type="checkbox"/>	Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	Drug Test Given Y/N <input type="checkbox"/>	Drug Test Type - Circle One Blood Urine
Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	<input type="checkbox"/> Results	Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown	<input type="checkbox"/> <input type="checkbox"/>

## FATALITY INFORMATION

25. Name - First MI Last	26. Ejected Y/N	27. Extricated Y/N	28. Date of Death	29. Time of Death
1.	<input type="checkbox"/>	<input type="checkbox"/>		a.m. p.m.
2.	<input type="checkbox"/>	<input type="checkbox"/>		a.m. p.m.
3.	<input type="checkbox"/>	<input type="checkbox"/>		a.m. p.m.
30. Officer Completing Report - Print Name	31. Officer ID No	32. Enforcement Agency Name	33. Report Date	

## Fatal Supplement Report Instructions

In the event of a fatal motor vehicle accident, complete this form MV3480 and mail it to:

Traffic Accident Section  
Wisconsin Department of Transportation  
P O Box 7919  
Madison WI 53707-7919

This form is necessary to comply with the requirements of the National Fatal Accident Reporting System (FARS).

1. Document Number (From MV4000) - In the box located in the upper right corner of this form, enter the document number from the corresponding MV4000 accident report.
3. No. of Travel Lanes - Enter ONE of the following:
  - A. The total number of travel lanes on an undivided roadway.
  - OR
  - B. The total number of lanes in ONE direction on a divided highway.
6. If fatalities all occur on-scene, code the arrival time at the hospital of the next most severely injured person.
10. Relation to Roadway - Enter the number that indicates where the first harmful event occurred.
15. Estimated Travel Speed - Enter the estimated travel speed for EACH vehicle involved in the accident. Make sure the speed indicated is the estimated speed prior to the accident and NOT the estimated impact speed. If travel speed was not estimated, enter "unknown."
18. & 27. Extricated - Enter "Y" for YES if extrication equipment or other force had to be used to remove the person from the vehicle.
21. Alcohol Test Type - Indicate the method used to determine if alcohol was consumed by the surviving driver. If more than one type of test was given, indicate the lowest numbered test for the test type.