**EMERGENCY VEHICLE INVOLVEMENT**

Wisconsin Department of Transportation

MV3347 10/2021

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| Wisconsin Department of TransportationDivision of State Patrol – Crash Records Unit4822 Madison Yards Way – 9th Floor SouthMadison, WI 53705-9100Telephone: 608-266-8753Email: DSPTrafficCrashes@dot.wi.gov |

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| **CRASH** |
| Crash Date (m/d/yy)      | Crash Location      | County      | City      |
| **EMERGENCY DRIVER** |
| Full Name of Driver of Emergency Vehicle      | Street Address      |
| Driver License Number      | City      | State   | ZIP Code      |
| **VEHICLE NUMBER 2** |
| Full Name of Driver      | Street Address      |
| Driver License Number      | City      | State   | ZIP Code      |
| **VEHICLE NUMBER 3** |
| Full Name of Driver      | Street Address      |
| Driver License Number      | City      | State   | ZIP Code      |

**I request that this occurrence not be listed on the above driver’s record because:**

[ ]  The driver of the emergency vehicle intentionally collided with the other vehicle.

[ ]  The driver of the other vehicle intentionally collided with the emergency vehicle.

**Describe occurrence below or attach explanation:**

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 (Department Head or Designee – Electronically Signed)

 (Department Name) (Date - m/d/yy)