

Law Enforcement Officer's Instruction Manual for Completing the Wisconsin Motor Vehicle Accident Report Form (MV4000)



1998 Edition



Division of Motor Vehicles
Bureau of Driver Services
Traffic Accident Section

BDS 122 198



Wisconsin Department of Transportation

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Governor

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Secretary

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We gratefully acknowledge the many suggestions law enforcement officers and others have contributed toward the revision of this instruction manual.

We especially thank the members of the Police Accident Report Manual Revision Team for the significant time and exemplary work they devoted toward making a quality Law Enforcement Officer's Instruction Manual.

Police Accident Report Manual Revision Team

Police Departments

Sergeant Steve Cardarella, Madison Police Department
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Sergeant Douglas Wipperfurth, Fitchburg Police Department

Sheriff's Departments

Deputy Bart Barrington, Outagamie County Sheriff's Department
Sergeant Robert Klinke, Clark County Sheriff's Department

Wisconsin State Patrol

Trooper David Hertig, District #4, Wisconsin State Patrol

Again, thank you for assisting us in this important task.

Sincerely,

A handwritten signature in cursive script that reads "Roger D. Cross".

Roger D. Cross
Administrator

(Cover design by Police Officer Phil Yahnke, Madison Police Department)

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LAW ENFORCEMENT OFFICER'S INSTRUCTION MANUAL

Introduction

This instruction manual was developed to aid law enforcement officers with completing the scannable Wisconsin Motor Vehicle Accident Report (MV4000) form. **Definition: Accident is an occurrence that originates or terminates on a traffic way, which involves at least one motor vehicle in transport, and results in any of the following:**

1. Injury or fatality of a person
2. Total damage to one person's property to an apparent extent of \$1000 or more (refer to back cover for a guide to assist in determining reportability)
3. Damage to government-owned property to an apparent extent of \$200 or more, except government-owned vehicles, which are \$1000.

(Per TRANS 100, Wis. Admin. Code this includes INTENTIONAL ACTS.)

If an accident meets any of the three criteria it is a "reportable accident," and the MV4000 must be completed by the investigating agency. Send the ORIGINAL to the Wisconsin Department of Transportation (DOT) **within 10 days**. DO NOT fold or staple the accident reports you send. If the accident is nonreportable, do not send the accident report to DOT. It is not the intent of this manual to answer every question that may arise. For unique situations contact your department accident reporting specialist or supervisor. When necessary, call the Traffic Accident Section for clarification.

When a law enforcement agency does not investigate a reportable accident, the operator of each motor vehicle is required to complete an MV4002, Driver Report of Accident, if the accident appears to meet any of the three minimum accident reporting criteria. Please inform the operators that forms are available at police, sheriff's departments, *State Patrol districts* or DMV customer service centers.

Please use a #2 PENCIL when completing the scannable MV4000 form. **Do not use felt tip pens as they can cause "bleed through."** Throughout this instruction manual, "MARK" means the field is scannable; fill the bubble completely. "ENTER" means the field is non-scannable; type or print information using block-style letters in the field.

When a box appears in tandem with a scannable field, both must be completed as shown in the example below:



Chippewa County:

Enter '09' in the boxes and mark bubbles '0' and 9'.

Do not line out any fields on the scannable MV4000 form. DOT Questions: Call (608) 266-8753 Mon-Fri 7:30 am to 4:30 pm. or use TTY identifier DASR.

PROCEDURE FOR AMENDING AN ACCIDENT REPORT FORM

Please use the following procedure when submitting amended accident report forms:

1. Mark the "Amended Document" bubble in the upper left hand corner of the MV4000 form, and enter the original document number of the accident report you are amending in field 0 and again in field 121, "Document Number Override," on pages 1 and 4 of the MV4000. **Do NOT delete or alter the pre-printed document number.**
2. Enter and mark the "County" and "MUN/TWP," the "Accident Date," and the name of one of the operators/owners *identified on the original report* (i.e. fields 2, 3, 4, 25 and 46, respectively).
3. Then, mark and enter only the information you are seeking to amend *and list field numbers that were changed in the narrative. It is also acceptable to highlight the changed areas with a YELLOW marker.*
4. Enter the information in fields 125 - 131 and 135. "Date of Report," field 135, is the date the report was amended.
5. FATALITY: If your amendment is to add a fatality, follow steps 1-4, complete and send the MV3480 "Fatal Accident Supplement Form," and send an administrative TTY message to MVFR (see Appendices 1 & 2). Refer to page 19 for definition of fatality.

Blank Fields

A field may be left blank when: 1) An "N/A" bubble does not exist for it, and, 2) It does not apply or exist for the accident. If there is no pedestrian involved in the accident, do not complete pedestrian location or action. ***When there is NO unit for a "Possible Contributing Circumstance" (page 4 of report), do not complete "N/A" bubble(s).***

QUALITY CONTROL

We compliment the many law enforcement agencies who have established quality control procedures for reviewing all MV4000 forms. These procedures result in complete and accurate accident reports and significantly reduce the number of reports returned for correction.

The Police Accident Report Manual Revision Team recommends all Wisconsin law enforcement agencies establish MV4000 report quality control procedures.

Wisconsin Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Marks

Reportable Accident

County: **10** MUN/TWP: **05**

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Accident Date

MONTH	DAY	YEAR
Jan	07	97
Feb	0	0
Mar	0	0
Apr	1	1
May	2	2
June	3	3
July	4	4
Aug	5	5
Sept	6	6
Oct	0	0
Nov	8	8
Dec	9	9

Time of Accident (Military Time)

HOUR	MIN.
17	37
0	0
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number

UNITS	INJURED	KILLED
0	2	0
0	4	0
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Hit & Run Unit #

Government Property

Fire (Narrative)

Photos Taken (Narrative)

Trailer or Towed (Narrative)

Truck or Bus (Last Page)

Load Spillage

Construction Zone

Names Exchanged

Sheet No. Of

12

ACCIDENT LOCATION

- Public Highway, Intersection/Related
- Public Highway, Non-Intersection
- Parking Lot
- Private Property or Road

Police No.

Please Do Not Write In This Microfilm Space

Accident No.

Date

Location

LATITUDE (GPS) Degrees: _____ Minutes: _____ Seconds: _____ LONGITUDE (GPS) Degrees: _____ Minutes: _____ Seconds: _____

ON Hwy No. and / Street Name: **CTH G** Estimated FT. MI. FROM/AT Hwy No. and / Street Name: **SIDELL AVE**

House # _____ Fire # _____ Other _____ Agency Space _____ Special Study _____

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
2 3 4	1 3 4	0 1 3 4 5 6	N	1 3 4	2 3 4	0 1 2 3 4 5 6	N
5 6 7 8	5 6 7	Other	W	5 6 7 8	5 6 7	Other	E
9 10			S	9 10			S

Speed Limit	OPERATOR Last Name	First	M.I.	Speed Limit	OPERATOR Last Name	First	M.I.		
0 0	25	WILSON	KRISTY	L	0 0	25	SCHWANTES	MARTY	B
1	ADDRESS Street & Number			1	ADDRESS Street & Number				
2	26 380 W BEGLEY ST			2	26 501 POST ST				
3	City & State ZIP Phone Number (715)			3	City & State ZIP Phone Number 715				
4	27 GREENWOOD WI 54437 267-1234			4	27 SPENCER WI 54479 659-4321				
5	Driver's License Number State Exp. Year			5	Driver's License Number State Exp. Year				
6	NA 29 W445-0707-5869-00 WI 30 00			6	NA 29 3532-0044-1381-08 WI 30 99				

Date of Birth	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)
52 10-09-75	M	<input checked="" type="checkbox"/>	A	B M H P T	52 02-06-41	M	<input checked="" type="checkbox"/>	A	B M H P T
On Duty Accident	P Police	E EMT First Responder	F Fire Fighter	H Winter Hwy Maintenance	On Duty Accident	P Police	E EMT First Responder	F Fire Fighter	H Winter Hwy Maintenance
CMV <input type="checkbox"/>	CMV <input type="checkbox"/>	CMV <input type="checkbox"/>	CMV <input type="checkbox"/>	CMV <input type="checkbox"/>	CMV <input type="checkbox"/>	CMV <input type="checkbox"/>	CMV <input type="checkbox"/>	CMV <input type="checkbox"/>	CMV <input type="checkbox"/>

Severity	SEAT	SAFETY	AIRBAG	EJECTED	Severity	SEAT	SAFETY	AIRBAG	EJECTED
K N	Position	Equipment	1 Deployed	1 Not Applicable	K N	Position	Equipment	1 Deployed	1 Not Applicable
A	1	1	2 Non Deployed	2 Not Ejected	A	1	1	2 Non Deployed	2 Not Ejected
C	1	1	3 Not Applicable	3 Totally Ejected	C	1	1	3 Not Applicable	3 Totally Ejected
	1	1	4 Unknown	4 Unknown		1	1	4 Unknown	4 Unknown

TRAPPED/EXTRICATED 1 Not Applicable 3 Trapped/Extricated 5 Unknown Medical Transport TRAPPED/EXTRICATED 1 Not Applicable 3 Trapped/Extricated 5 Unknown Medical Transport

Vehicle Owner Last Name First M.I. Vehicle Owner Last Name First M.I.

Street Address Street Address

City & State ZIP Phone Number City & State ZIP Phone Number

Year of Vehicle	Make	Model	Body Style	Color	Year of Vehicle	Make	Model	Body Style	Color
53 95	31 CHEV	52 S10	53 TRK	54 GRN	53 94	51 CHEV	52 LUM	53 ZDR	54 BLK

Vehicle ID Number 54 1GCCS194958107670 54 281WN14TOR9162069

License Plate Number 56 AG 12-345 57 ATK WI 98 56 MRZ-587 57 AUT WI 98

Policy Holder's Name Same Citation 1 2 3 Policy Holder's Name Same Citation 1 2 3

Liability Insurance Company 63 STATE FARM INS Stat. # 64 NONE Stat. # 61 346.18(2)

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT	SAFETY	AIRBAG
66	WILSON	AMBER	R	06-09-82	M	K N	Position	Equipment	1 Deployed
67	ADDRESS Street & Number			City & State ZIP		A	3	1	2 Non Deployed
68	Address Same as Operator <input type="checkbox"/>			EJECTED <input type="checkbox"/>		B			3 Not Applicable
69	1 Not Applicable 4 Partially Ejected			TRAPPED/EXTRICATED <input type="checkbox"/>		C			4 Unknown
70	2 Not Ejected 5 Unknown			1 Not Applicable 4 Trapped/Not Extricated					
71				2 Not Trapped 5 Unknown					

Agency Space EMS Number

MV4000 1296

Occupant Unit Number	NAME Last KIRN	First KERRY	M.I. L	Date of Birth 02-11-70	Sex F	Severity C	SEAT Position 3	SAFETY Equipment 0	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown	
Address Same as Operator	ADDRESS Street & Number N1084 CTH G		City & State WILLARD WI		ZIP 54493	EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/ EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped Estimated 4 Trapped Not Extricated 5 Unknown	Medical Transport N	Agency Space
Occupant Unit Number	NAME Last CUMMINGS	First SANDRA	M.I. M	Date of Birth 01-24-48	Sex M	Severity K	SEAT Position 4	SAFETY Equipment 1	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown	
Address Same as Operator	ADDRESS Street & Number		City & State		ZIP	EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/ EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped Estimated 4 Trapped Not Extricated 5 Unknown	Medical Transport Y	Agency Space

Type of Accident

DI First Harmful Event

Most Harmful Event

Unit Number	Unit Number
2 3 4 5	1 3 4 5
6 7 8 9 10	6 7 8 9 10

(select one per vehicle)

Collision With Object Not Fixed

1 Motor Vehicle in Transport	2
2 Parked Motor Vehicle	3
3 Deer	4
4 Pedalcycle	5
5 Pedestrian	6
6 Railway Train	7
7 Other Animal	8
8 Motor Vehicle in Transport In Other Roadway	9
9 Other Object (Not Fixed)	

Collision With Fixed Object

10 Traffic Sign Post	11
11 Traffic Signal	12
12 Utility Pole	13
13 Lum. Light Support	14
14 Other Post	15
15 Tree	16
16 Mailbox	17
17 Guardrail Face	18
18 Guardrail End	19
19 Median Barrier	20
20 Bridge Parapet End	21
21 Bridge Pier/Abut.	22
22 Impact Attenuator	23
23 Overhead Sign Post	24
24 Bridge Rail	25
25 Culvert	26
26 Ditch	27
27 Curb	28
28 Embankment	29
29 Fence	30
30 Other Fixed Object	31
31 Unknown	

Non-Collision

32 Overtorn	33
33 Fire Explosion	34
34 Immersion	35
35 Jackknife	36
36 Other Non-Collision	

Driver Condition

Unit Number	Unit Number
2 3 4 5	1 3 4 5
6 7 8 9 10	6 7 8 9 10

Driver Factors (Or Pedestrians)

1 Appeared Normal	2
2 Reduced Alertness	3
3 Ability Impaired	4
4 Not Observed	

Presence

1 Neither Alcohol nor Drugs Present

2 Yes—Alcohol Present

3 Yes—Drugs Present

4 Yes—Alcohol & Drugs Present

5 Unknown

Alcohol

AC Value: AC Value: **.21**

1 Test Not Given

2 Test Refused

3 Test Given, Alcohol Unknown

4 Test Given, No Alcohol Reported

Drugs

1 Test Not Given

2 Test Refused

3 Test Given, Drugs Unknown

4 Test Given, No Drugs Reported

5 Drugs Reported (Specify Below)

6 Marijuana

7 Cocaine

8 Opiates

9 Amphetamines

10 PCP

11 Other Drug Medication

12 Type Unknown

Unit # 2 3 4 5 6 7 8 9 10

Pedestrian

Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Daring into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

Manner of Collision

1 No Collision with Motor Vehicle in Transport

2 Rear-end

3 Head On

4 Rear to Rear

5 Angle

6 Sideswipe, Same Direction

7 Sideswipe, Opposite Direction

8 Unknown

Unit # 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

0 None

1 Undercarriage

2 Total (Damage to all Areas)

3 Other

4 Unknown

Extent of Damage

0 None

1 Very Minor

2 Minor

3 Moderate

4 Severe

5 Very Severe

6 Unknown

Vehicle Towed Due to Damage: Y N

Vehicle Removed By: **METZ TOWING**

Unit # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

0 None

1 Undercarriage

2 Total (Damage to all Areas)

3 Other

4 Unknown

Extent of Damage

0 None

1 Very Minor

2 Minor

3 Moderate

4 Severe

5 Very Severe

6 Unknown

Vehicle Towed Due to Damage: Y N

Vehicle Removed By: **RIVER ROAD AUTO**

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
10			

Govt. Damage Tag # **12345**

PROPERTY OWNER Last **CLARK CO** First **HIGHWAY DEPT** M.I.

ADDRESS Street & Number **801 GRAND AVE**

City & State **NEILLSVILLE WI** ZIP **54456** Phone Number **(715) 743-3214**

Draw Diagram of Accident & Indicate North with an arrow in the circle.

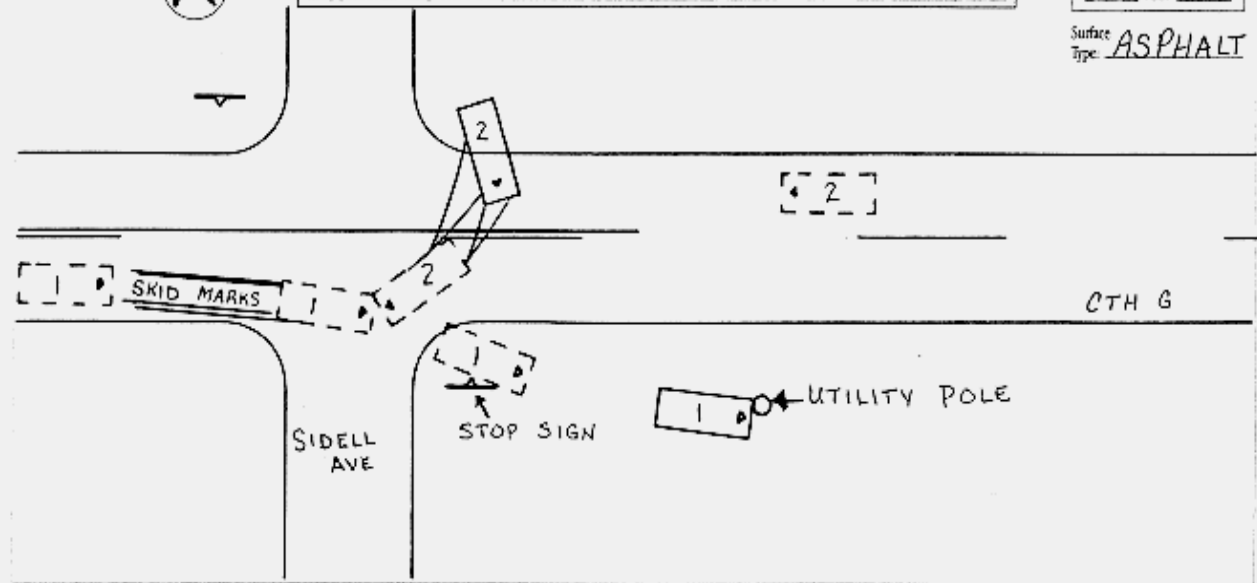


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1 Unit 2
66 FEET **0**

Surface Type: **ASPHALT**



N VEH 1 WAS EASTBOUND ON CTH G. VEH 2 WAS WESTBOUND
A ON CTH G AND ATTEMPTED TO TURN SOUTHBOUND
R ON SIDELL AVE. VEH 1 CAME OVER HILL CREST
R AND VEH 2 TURNED LEFT INTO VEH 1'S LANE.
A VEH 1 TRIED TO STOP, HOWEVER VEH 1 COLLIDED
T WITH VEH 2 CAUSING VEH 1 TO GO INTO SOUTH DITCH
I HITTING A STOP SIGN AND UTILITY POLE. VEH 2
V SPUN INTO WESTBOUND LANE FACING SOUTHEAST.
E CITATIONS TO DRIVER 2: 346.63 (1)(a) 346.63 (1)(b)

Photos By:
105 DEPUTY POLYN

What Drivers Were Doing

Unit Number	Unit Number
<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17
<input type="checkbox"/> 18	<input type="checkbox"/> 18

WITNESS NAME: Last **REITHER** First **CAROL** M.I. **J**
 ADDRESS: Street & Number **1403 EVERGREEN DR** Date of Birth **12-25-47**
 City & State **LOYAL WI** ZIP **54446** Phone Number **(715) 255-1234**

ACCESS CONTROL <input type="checkbox"/> No Control (Unlimited Access) <input type="checkbox"/> Full Control (Only Ramp Entry/Exit) <input type="checkbox"/> Partial Control	ROAD TERRAIN Part A <input type="checkbox"/> Straight <input type="checkbox"/> Curve Part B <input type="checkbox"/> Level/Flat <input type="checkbox"/> Hill	LIGHT CONDITION <input type="checkbox"/> Daylight <input type="checkbox"/> Dark-Not Lighted <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Unknown
TRAFFIC WAY <input type="checkbox"/> Not Physically Divided (2-Way Traffic) <input type="checkbox"/> Divided Highway, Median Strip, without Traffic Barrier <input type="checkbox"/> Divided Highway, Median Strip, with Traffic Barrier <input type="checkbox"/> One-Way Traffic <input type="checkbox"/> Parking Lot or Private Property	ROAD SURFACE CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow/Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, Mud, Dirt, Oil <input type="checkbox"/> Other <input type="checkbox"/> Unknown	WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog, Smog, Smoke <input type="checkbox"/> Sleet, Hail (Freezing Rain or Drizzle) <input type="checkbox"/> Blowing Sand, Soil, Dirt, Snow <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Other <input type="checkbox"/> Unknown
RELATION TO ROADWAY <input type="checkbox"/> On Roadway <input type="checkbox"/> Parking Lot or Private Property <input type="checkbox"/> Shoulder (Other than Shoulder within Median or Gore) <input type="checkbox"/> Median (Other than Median within Gore) <input type="checkbox"/> Outside Shoulder-Left <input type="checkbox"/> Outside Shoulder-Right <input type="checkbox"/> Off Roadway-Location Unknown <input type="checkbox"/> Gore (Area between Ramp & Highway)		

Traffic Control

Unit Number	Unit Number
<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11

**Wisconsin Motor Vehicle
Accident Report Supplement**

Document Number Override
6851141

Sheet No.
Of
2 2

Occupant and Fixed Object Struck Supplement

INSTRUCTIONS: This supplement may be used to list additional occupant and fixed object struck information associated with an accident. Enter the original accident report document number in the "Document Number Override" box, enter the correct page number in the "Sheet No. Of" box. Then, follow the instructions for fields 65-78 (occupants) and/or fields 82-87 (fixed objects struck), as appropriate, in the Law Enforcement Officer's Instruction Manual.

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex 66 SCHWANTES GABRIEL D 09-10-75	Severity ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	SEAT Position 71 6	SAFETY Equipment 72 1	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
	ADDRESS Street & Number City & State ZIP 68	Address Same as Operator 73 Yes No	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	Medical Transport 74
Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex	Severity ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number City & State ZIP	Address Same as Operator 73 Yes No	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	Medical Transport 74	Agency Space 75
Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex	Severity ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number City & State ZIP	Address Same as Operator 73 Yes No	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	Medical Transport 74	Agency Space 75
Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex	Severity ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number City & State ZIP	Address Same as Operator 73 Yes No	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	Medical Transport 74	Agency Space 75
Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex	Severity ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number City & State ZIP	Address Same as Operator 73 Yes No	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	Medical Transport 74	Agency Space 75
Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex	Severity ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number City & State ZIP	Address Same as Operator 73 Yes No	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	Medical Transport 74	Agency Space 75
Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex	Severity ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number City & State ZIP	Address Same as Operator 73 Yes No	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	Medical Transport 74	Agency Space 75
Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex	Severity ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number City & State ZIP	Address Same as Operator 73 Yes No	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	Medical Transport 74	Agency Space 75

Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG		
1 2 3 4 5	ADDRESS	Street & Number		City & State		ZIP				1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown		
Address Same as Operator	EJECTED	1 Not Applicable 2 Not Ejected		3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED	1 Not Applicable 2 Not Trapped		3 Trapped Ejector 4 Trapped Not Ejector 5 Unknown		Medical Transport	Agency Space
Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG		
1 2 3 4 5	ADDRESS	Street & Number		City & State		ZIP				1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown		
Address Same as Operator	EJECTED	1 Not Applicable 2 Not Ejected		3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED	1 Not Applicable 2 Not Trapped		3 Trapped Ejector 4 Trapped Not Ejector 5 Unknown		Medical Transport	Agency Space
Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG		
1 2 3 4 5	ADDRESS	Street & Number		City & State		ZIP				1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown		
Address Same as Operator	EJECTED	1 Not Applicable 2 Not Ejected		3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED	1 Not Applicable 2 Not Trapped		3 Trapped Ejector 4 Trapped Not Ejector 5 Unknown		Medical Transport	Agency Space
Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG		
1 2 3 4 5	ADDRESS	Street & Number		City & State		ZIP				1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown		
Address Same as Operator	EJECTED	1 Not Applicable 2 Not Ejected		3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED	1 Not Applicable 2 Not Trapped		3 Trapped Ejector 4 Trapped Not Ejector 5 Unknown		Medical Transport	Agency Space
Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG		
1 2 3 4 5	ADDRESS	Street & Number		City & State		ZIP				1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown		
Address Same as Operator	EJECTED	1 Not Applicable 2 Not Ejected		3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED	1 Not Applicable 2 Not Trapped		3 Trapped Ejector 4 Trapped Not Ejector 5 Unknown		Medical Transport	Agency Space
Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG		
1 2 3 4 5	ADDRESS	Street & Number		City & State		ZIP				1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown		
Address Same as Operator	EJECTED	1 Not Applicable 2 Not Ejected		3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED	1 Not Applicable 2 Not Trapped		3 Trapped Ejector 4 Trapped Not Ejector 5 Unknown		Medical Transport	Agency Space

Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
12					
Govt. Damage Tag # 81					
Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
Govt. Damage Tag # 82					
Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
Govt. Damage Tag # 83					
Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
Govt. Damage Tag # 84					
Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
Govt. Damage Tag # 85					

PROPERTY OWNER	Last	First	M.I.
84	RURAL ELECTRIC COOPERATIVE		
ADDRESS	Street & Number		
85	124 N MAIN ST		
City & State	ZIP	Phone Number (715)	
86	GREENWOOD WI	54437	87 267-2143
PROPERTY OWNER	Last	First	M.I.
84			
ADDRESS	Street & Number		
85			
City & State	ZIP	Phone Number ()	
86			
PROPERTY OWNER	Last	First	M.I.
84			
ADDRESS	Street & Number		
85			
City & State	ZIP	Phone Number ()	
86			
PROPERTY OWNER	Last	First	M.I.
84			
ADDRESS	Street & Number		
85			
City & State	ZIP	Phone Number ()	
86			

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Amended Document On Emergency

Wisconsin Motor Vehicle Accident Report

Document Number Override

Reportable
Accident
 (N)

County	MUN/TWP
17	58
0 0	0 0
1 1	1 1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9 9	9 9

FIELD

INSTRUCTIONS

AMENDED DOCUMENT

Mark the "Amended Document" bubble ONLY if the document is an amended report. **Do NOT mark this bubble for** subsequent pages in a multi-unit report.

ON EMERGENCY

Mark the "On Emergency" bubble when one of the units is operating as an emergency vehicle (lights and siren are activated). **Field 34 (On Duty) must be marked P - Police, E - EMT/First Responder, or F - Firefighter when this field is marked.**

0 - DOCUMENT NUMBER
OVERRIDE

If the accident involves 3 or more units, enter the original MV4000 document number in this field and again in field 121, "DOCUMENT NUMBER OVERRIDE," on page 4 of the MV4000. Also, enter and mark the county, mun/twp and the accident date (i.e. fields 2,3 and 4) on each additional copy. **Do NOT delete or alter the pre-printed document number or fill in the amended bubble.**

If you are completing a supplemental form (MV4004, Wisconsin Motor Vehicle Accident Report Supplement) found near the back of the accident report pad, enter the original MV4000 document number in this field.

If you are submitting an amended accident report, follow the amendment procedure outlined on page 3 of this manual.

1 - REPORTABLE
ACCIDENT

Mark the "Y" bubble if the accident is reportable, "N" if it is not. (s. 346.70(1), Stats., and TRANS 100, Wis. Admin. Code).

2 - COUNTY

Enter the two digit county code where the accident occurred in the boxes at the top of this field. Then, mark the appropriate bubbles.

Refer to DOT codes for correct county codes.

3 - MUN/TWP

Enter the two digit municipality or township code where the accident occurred in the boxes at the top of this field. Then, mark the appropriate bubbles.

Refer to DOT codes for correct MUN/TWP codes.

Accident Date

MONTH	DAY	YEAR
Jan	1	098
Feb	0	0
Mar	0	0
Apr	1	1
May	2	2
June	3	3
July	4	4
Aug	5	5
Sept	6	6
Oct	7	7
Nov	8	8
Dec	9	9

**Time of Accident
(Military Time)**

HOUR	MIN.
2	18
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number

UNITS	INJURED	KILLED
02	03	00
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

FIELD

INSTRUCTIONS

4 - ACCIDENT DATE

Mark the bubble which represents the MONTH in which the accident occurred.

MONTH - DAY - YEAR

Enter the two digit date on which the accident occurred in the boxes at the top of this field. Then, mark the appropriate bubbles.

Enter the two digit year in which the accident occurred in the YEAR box. Then, mark the appropriate bubbles.

If the accident date is unknown, enter the date you were "notified" of the accident in this field. A valid date is necessary to update the automated data base and the records of each involved driver.

5 - TIME OF ACCIDENT
(Military Time)

Enter the four digit military time at which the accident occurred in the boxes at the top of this field. Then, mark the appropriate bubbles.

Midnight is 2400. One minute after midnight is entered 0001. This is the start of the day. 9:17AM is 0917, 12:00 noon is 1200. Beginning with 1PM, add 12 to the hour to get the correct military time. Example: 1:00PM equals 1300 (1:00 + 12:00 = 13:00), 2:21PM equals 1421 (2:21 + 12:00 = 1421), and 10:05PM equals 2205 (10:05 + 12:00 = 2205). All military time must include four digits. When time is "unknown," enter and mark 0000.

6 - UNITS

Enter the two digit total number of units involved in the accident in the boxes at the top of this field. Then, mark the appropriate bubbles. **A UNIT is any vehicle, pedestrian, bicycle or equipment.** Non-contact vehicles may also be units. See pages 35-37.

Total Number

UNITS		INJURED		KILLED	
0	2	0	3	0	0
●	○	●	○	●	●
①	①	①	①	①	①
②	●	②	②	②	②
③	③	③	●	③	③
④	④	④	④	④	④
⑤	⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨	⑨

FIELD

INSTRUCTIONS

7 - INJURED

Enter the two digit total number of persons injured in the accident in the boxes at the top of this field. Then, mark the appropriate bubbles. If none, enter zeros in the boxes and mark the appropriate bubbles.

The descriptive information on each injured operator must be listed in fields 38-44. The descriptive information for each injured occupant (i.e. passenger) must be listed in fields 65-77.

The total number of persons listed as injured in this field must equal the total number of injury severities listed in 38 and 70 respectively.

If more than 5 operators and occupants are injured, list the additional injured persons on a supplemental form found in the back of the accident report pad, and enclose it with the original MV4000.

Injury should be classified on the basis of the officer's observations at the accident scene.

8 - KILLED

Enter the two digit total number of persons killed in the accident in the boxes at the top of this field. then, mark the appropriate bubbles. If none, enter zeros in the boxes and mark the zero bubbles.

Definition: A fatality is any injury received in a traffic accident which results in death within 30 days of the accident.

The descriptive information on each operator killed must be listed in fields 38-44. List descriptive information on each occupant (i.e. passenger) in fields 65-77.

The total number of persons listed as killed in this field must equal the total number of killed severities listed in 38 and 70 respectively.

An administrative TTY message sent to "MVFR" and the MV3480 Fatal Accident Supplement Form must be completed for each fatal accident. See Appendices 1 & 2.

Hit & Run	<input type="radio"/>	N	Unit # 2
Government Property	<input type="radio"/>	Y	
Fire (Narrative)	<input type="radio"/>	Y	
Photos Taken (Narrative)	<input type="radio"/>	N	
Trailer or Towed (Narrative)	<input type="radio"/>	Y	
Truck or Bus (Last Page)	<input type="radio"/>	Y	
Load Spillage	<input type="radio"/>	Y	
Construction Zone	<input type="radio"/>	Y	
Names Exchanged	<input type="radio"/>	N	

FIELD

INSTRUCTIONS

9-POINTER QUESTIONS

Mark "Y" for YES and "N" for NO. A mark MUST be made in the appropriate bubble for each of the 9 items in this field.

Record additional comments in the narrative or on page 4 of the MV4000, as appropriate.

Hit & Run

Mark the "Y" bubble when the accident involves a hit and run vehicle. ***Enter the unit # of the hit and run vehicle*** when the accident involves a hit and run vehicle. If not, mark the "N" bubble. When the driver of a hit and run vehicle has not been identified, enter "H & R" in field 25. ***Enter any known information in the appropriate fields.***

Government Property

Mark the "Y" bubble if the accident involved government property. If not, mark the "N" bubble. Do not list collisions with "deer" as accidents involving government-owned property.

Fire

Mark the "Y" bubble if the accident involved fire in a motor vehicle in transport. If not, mark the "N" bubble.

Definition: FIRE is the combustion, explosion or burning of an object. Describe the sequence of accident events, the fire's origin, and what burned in the narrative. Fire does not include those originating in a legally parked vehicle.

Photos Taken

Mark the "Y" bubble if any mechanical method to capture the accident scene was used (e.g. photos, video tape, etc.). Enter the name of the person who took the photos or video tape in field 105. If no photos, videos, etc., were taken, mark the "N" bubble.

Trailer or Towed

Mark the "Y" bubble if one of the vehicles involved was pulling a trailer or towing another vehicle prior to the accident. If not, mark the "N" bubble. This does not include vehicles towed from the accident scene as a result of the accident.

Record the trailer or towed vehicle information in field 106 (bottom 2 lines of the narrative).

Hit & Run	<input type="radio"/>	N	Unit # 2
Government Property	<input type="radio"/>	Y	
Fire (Narrative)	<input type="radio"/>	Y	
Photos Taken (Narrative)	<input type="radio"/>	N	
Trailer or Towed (Narrative)	<input type="radio"/>	Y	
Truck or Bus (Last Page)	<input type="radio"/>	Y	
Load Spillage	<input type="radio"/>	Y	
Construction Zone	<input type="radio"/>	Y	
Names Exchanged	<input type="radio"/>	N	

Sheet No.	
Of	
1	1
10	

FIELD

INSTRUCTIONS

Truck or Bus

Mark the "Y" bubble if the accident involved a vehicle registered as a truck (this includes pickup trucks) or bus. Then, turn to page 4 of the MV4000 and complete Part A, field 136. Complete Part B, as appropriate. If the criteria indicate the truck or bus in your accident is reportable, complete the remainder of Truck & Bus Accident Information.

If a school bus was involved in the accident, be sure to record the following additional information in the narrative: The name of the SCHOOL, whether the bus was travelling TO or FROM it, the name of the SCHOOL DISTRICT the bus is contracted with, the BODY MAKE and SEATING CAPACITY of the bus.

Mark the "N" bubble if the accident did not involve a truck or bus.

Load Spillage

Mark the "Y" bubble if a load spilled from a cargo carrying vehicle. Mark the "N" bubble if no load spilled. ***Identify hazardous material spilled in the narrative.***

Construction Zone

Mark the "Y" bubble if the accident occurred in or was related to a construction zone. If not, mark the "N." Construction zone-related is an accident resulting from an activity, behavior, or traffic control related to the construction zone but not necessarily within it.

Names Exchanged

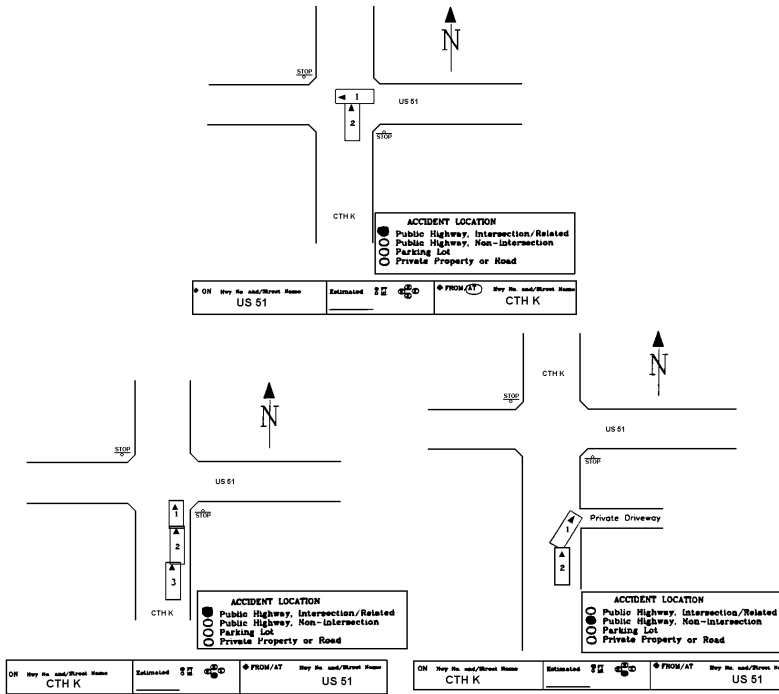
AT THE ACCIDENT SCENE, instruct each driver, pedestrian and bicyclist to exchange their names, addresses, drivers license numbers, dates of birth, vehicle registration information and phone numbers. Mark the "Y" bubble when you have given instructions to each party involved. Mark the "N" bubble if you did not provide this instruction.

10 - SHEET NO. OF

If the accident involves 1 - 2 units, enter "1 of 1" in this field. When additional report ***or supplemental*** forms are needed, number the sheet pages as follows: "1 of 2, 2 of 2, etc." The DOCUMENT NUMBER on the front of the first page of the report MUST be copied to the additional pages in field 0, "Document Number Override," and again in field 121, "Document Number Override," on page 4 of the MV4000 accident report. Also, enter the County, MUN/TWP and Accident Date (i.e. fields 2, 3 and 4) on each additional form. Do NOT delete ***or alter*** the pre-printed document number or fill in the amended bubble.

ACCIDENT LOCATION

- Public Highway, Intersection/Related
- Public Highway, Non-Intersection
- Parking Lot
- Private Property or Road



LATITUDE (GPS) Degrees: 12 Minutes: Seconds:

FIELD

11 - ACCIDENT LOCATION

INSTRUCTIONS

Mark the bubble that most accurately locates the "First Harmful Event" associated with the accident.

Definition: First Harmful Event is the first occurrence of injury or damage.

Public Highway, Intersection/Related. Intersection accidents, including accidents that are intersection-related.

Definition: "Intersection" is the area within the prolongation of the lateral curb lines. If no curb exists, extend the lateral boundary lines of the roadway of two joined traffic ways. That is, use the boundary lines of the travelled portion of the road. This does not include the shoulder area, driveways or alley accesses.

Definition: "Intersection Related" accidents are accidents which result from an activity, behavior, or traffic control which affects a unit's movement in relation to an intersection; whether or not the point of origin or first harmful event occurred within the intersection (refer to opposite page).

Definition: Point of Origin is the location point where an accident begins. It is not necessarily the point of impact or final stopping place.

Public Highway, Non-Intersection. Accidents occurring on a highway. This includes accidents where the first harmful event is off the highway if the point of origin is on the highway. It includes accidents in areas defined in s. 340.01(22), Stats., and all driveway and alley accesses to highways.

Parking Lot. Accidents occurring in public and private parking lots.

Private Property or Road. Accidents occurring on private property or private road. This does not include accidents where the point of origin is ON a public roadway.

12 - LATITUDE (GPS)

Do not complete this field. It is intended for pilot testing a Global Positioning System for accident location.

LONGITUDE (GPS)	Degrees: 13	Minutes:	Seconds:
-----------------	-------------	----------	----------

◆ ON	Hwy No. and / Street Name
14	STH 17 / PELHAM ST

FIELD

INSTRUCTIONS

13 - LONGITUDE (GPS)

Do not complete this field. It is intended for pilot testing a Global Positioning System for accident location.

14 - ON HWY NO. /
STREET NAME

Enter the highway number and street name on which the accident occurred. **If both exist, both must be listed** (e.g. STH 17/PELHAM ST).

STANDARD ABBREVIATIONS FOR street, avenue, etc.
ARE FOUND ON PAGE 109.

Order of Hierarchy

Use the following hierarchy of highway classification for recording accident location:

Interstate System
U.S. Numbered
State Trunk Highway
U.S. Business Route
State Trunk Business Route
County Trunk Highway
Town Road or City Street
Other (Alley, Fire Lane, etc.)

Examples Of Proper Highway Hierarchy

If the accident occurs on two or more highways of the same classification, enter the highway with the lowest number (e.g. US 10 and US 12, list US 10). Enter county trunk highways alphabetically. Never use a detour route number.

If the accident occurs on two or more highways of differing classifications, enter the highway with the highest classification (e.g. US 10 and STH 27, list US 10).

If the accident occurs in the intersection of a State or Federal Highway and a County or Local street, list the State or Federal Highway in field 14 as the "ON" highway.

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

11

◆ ON Hwy No. and / Street Name

14 EAST TOWNE MALL

◆ FROM/AT Hwy No. and / Street Name

16 100 E WASHINGTON AVE

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

11

◆ ON Hwy No. and / Street Name

14 PRIVATE PROPERTY

◆ FROM/AT Hwy No. and / Street Name

16 123 KING ST

◆ ON Hwy No. and / Street Name	Estimated	<input checked="" type="radio"/> FT	<input type="radio"/> ML	<input type="radio"/> (N)	<input type="radio"/> (E)
14 MENOMONIE HS DRIVEWAY	200.0	15			(S)
◆ FROM/AT Hwy No. and / Street Name					
16 FIFTH ST					

◆ ON Hwy No. and / Street Name

RAMP EB STH 74 TO SB US 41

◆ ON Hwy No. and / Street Name

RAMP EB I 94 TO SB CTW K

◆ ON Hwy No. and / Street Name

FAT RD - US 51

◆ ON Hwy No. and / Street Name

BR - US 51

FIELD

INSTRUCTIONS

Parking Lot:

Parking Lot: If the accident happened in a parking lot, enter the name of the lot in field 14 (*e.g. EAST TOWNE MALL*) and the address in field 16 (*e.g. 100 E WASHINGTON AVE*).

Accidents occurring in rest area or weigh station parking lots should be identified to the parking lot. Accidents occurring on the on and off ramps leading into these areas on the Interstate Highway System should be identified as "ramp" accidents, and the distance and direction from the nearest mile post or intersecting road must be listed.

Private Property:

If the accident happened on private property, enter "PRIVATE PROPERTY" in Field 14 and the address in field 16 (*e.g. 123 KING ST*).

Public Schools & County Institutions:

Accidents occurring on public roads or driveways leading into public schools or county institutions are not private property accidents. They must be listed in fields 14 - 16 as ON Highway or as ON Street accidents (s. 340.01(22), Stats.) (*e.g. MENOMONIE H S DRIVEWAY 200 FT W OF FIFTH ST*).

On and Off Ramps:

When accidents occur on ramps or connector roadways at interchanges, enter the word RAMP. Then, enter the cardinal direction of travel and highway number the ramp leads from, and the cardinal direction of travel and highway number the ramp leads to.

Acceleration lanes and deceleration lanes are considered part of the ramp (*e.g. RAMP EB STH 74 to SB US 41*).

Definition: Cardinal Direction is the principal direction the traffic way was designed to travel. This may or may not be the same as the actual compass direction.

Frontage Roads:

If the accident occurs on a frontage road, enter FRT RD and list the highway number and/or street name.

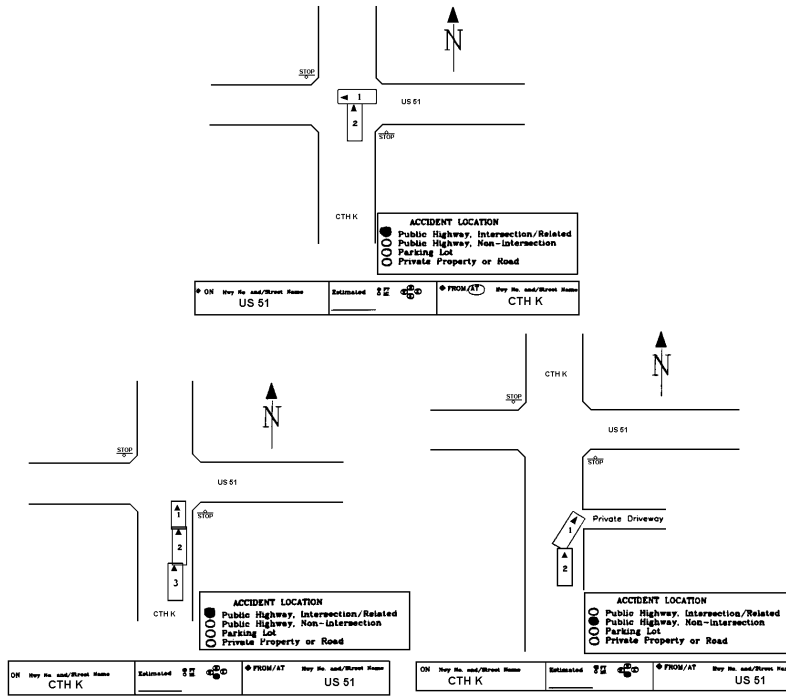
Business Routes:

If the accident occurs on a business route, enter BR and list the highway number and street name.

Estimated
10.0

● FT.
 ○ MI.

● N
 ● W
 ● S



FIELD

INSTRUCTIONS

15 - ESTIMATED DISTANCE

Indicate the DISTANCE in feet or miles (as a decimal) from the nearest intersecting highway or street. Optional: If the accident occurs on an Interstate Highway, you may enter the distance from the nearest mile post.

AND

DIRECTION FROM

Mark the N, E, S, or W bubble to indicate the **DIRECTION** from the nearest intersecting highway or street. **DISTANCE** and **DIRECTION FROM** must be entered to identify all non-intersection accidents. This information may also be appropriate for intersection-related locations.

INTERSECTION ACCIDENT

Intersection Accident: An accident which occurs in an intersection. Use the "hierarchy of highways" classification to complete field 14 (ON Hwy/Street). Use the "hierarchy of highways" classification to complete field 16 (AT Hwy/Street).

INTERSECTION-RELATED
ACCIDENT

Intersection/Related Accident: An accident resulting from an activity, behavior or traffic control which affects a unit's movement in relation to an intersection, whether or not the point of origin or first harmful event occurred within the intersection.

In (ON Hwy/Street) field 14 enter the "actual" highway or street name using the "hierarchy of highways" classification. Enter the "distance" and "direction" in field 15. Then, use the "hierarchy of highways" classification to complete field 16 (AT Hwy/Street).

Optional: If the accident occurs on an Interstate Highway, you may enter the distance from the nearest mile post.

Examples of how to measure and record the distance and direction from the nearest intersection are presented in the diagrams on the opposite page.

The last diagram is included as an example of a "public highway/non-intersection" accident.

FROM/AT Hwy No. and / Street Name
16 **ST H 51 / DIVISION ST**

House # Fire # Other
 Utility # Railroad # ▶ 17 **8430**

Agency Space
18

Special Study 19
 ② ③ ④

FIELD

INSTRUCTIONS

16 - FROM/AT HWY NO.
AND STREET NAME

Enter the intersecting highway number or street name. If the intersecting numbered highway also has a street name, list both (see example on opposite page). Optional: If the accident occurs on an Interstate Highway, you may list the mile post (e.g. MP 123).

Follow the "hierarchy of highways" when completing this field.

An overpass or underpass may be entered as the AT HIGHWAY or STREET if the location is NON-intersection only. DISTANCE and DIRECTION FROM must be included if an underpass or overpass street or highway is entered.

17 - LOCATION NUMBER

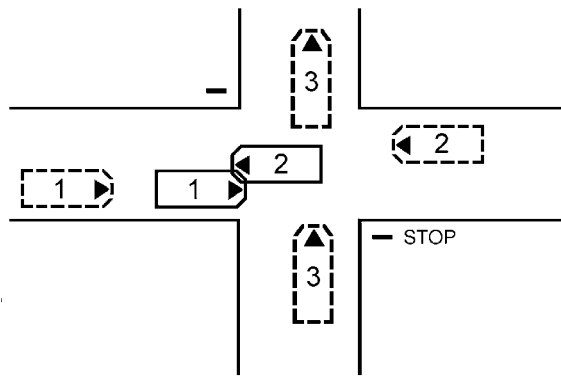
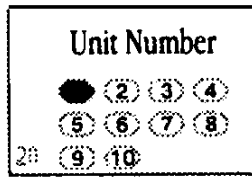
If required by your agency, mark the appropriate bubble and enter the number in the space provided. If BLOCK NUMBER is needed by your agency, mark the "Other" bubble.

18 - AGENCY SPACE

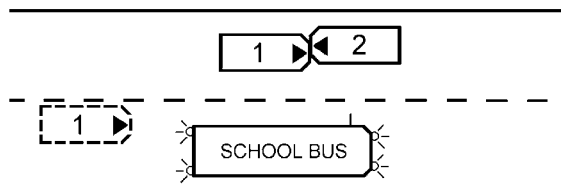
This space is for local agency use. It may be used for whatever purpose your agency deems appropriate. DOT will not capture information from this field.

19 - SPECIAL STUDY

This space may be used by your agency when you wish to conduct a "special study." Contact the Traffic Accident Section at (608) 266-1077 prior to conducting your study. Otherwise, leave this field blank.



UNIT #3 FAILED TO STOP FOR STOP SIGN
ILLEGALLY OPERATING NON-CONTACT VEHICLE



SCHOOL BUS IS LEGALLY
OPERATING NON-CONTACT VEHICLE

FIELD

20 - UNIT NUMBER

INSTRUCTIONS

If the report is for a single vehicle accident, mark bubble #1 and complete all necessary fields on the left side of page 1, etc. When 2 units are involved, mark bubble #2 on the right side of the form. ***It is important to keep the units in chronological order.***

When 3 or more units are involved, a second report form is necessary. Mark the #3 and #4 unit numbers in all required boxes on second form. On all additional forms, record the "ORIGINAL" document number of the first report in field 0, "Document Number Override," and again in the "Document Number Override" box on page 4 of the MV4000. Also, enter and mark the County, MUN/TWP and accident date (i.e. fields 2, 3 and 4) on all additional forms. Do NOT delete ***or alter*** the pre-printed document number or fill in the amended bubble.

If more than 10 units are involved, mark the #10 bubble plus the additional unit number (e.g. Unit 12 - mark the #10 and #2 bubbles).

When the accident involves more than 19 units, call the Traffic Accident Section at (608) 266-8753.

Pedestrians

A pedestrian is never unit 1. Pedestrian information is always on the **right** side of page 1 of the MV4000 form but may be listed on ***either side*** of following pages. If the accident involves multiple pedestrians, each must be considered a separate unit.

Noncontact Unit

A unit may be involved in an accident without making contact with another unit or other object. Any unit's action, signal, failure to act or signal as required by law which contributed to the accident ***or breakage of any part of a vehicle in transport that results in injury or further breakage*** constitutes involvement and must be included on the report. Include this noncontact unit in the total in field 6, and complete all pertinent information for this unit the same as a contact unit.

Unit Type

● (2) (3) (4)

(5) (6) (7)

21

FIELD

Noncontact Unit, Cont.

21 - UNIT TYPE

INSTRUCTIONS

If the noncontact vehicle was operating within the law, record information about it only in the diagram and narrative. Do not include this noncontact unit as a unit in field 6. Label the vehicle as "Noncontact" in the diagram, and record its driver's name and date of birth in the narrative. These noncontact vehicle operators will not have reportable accidents placed on their driving records.

Mark the bubble bearing the number that corresponds closest with the type of unit being identified. When the unit is a vehicle, identify it by its license plate type.

Use the following list:

1 = Auto: Includes passenger car, sport utility vehicle or van with auto registration, police car, ambulance, etc.

2 = Truck: Includes sport utility vehicle or van with truck registration, pickup and other utility truck, straight truck, fire truck, truck/tractor (not attached), semi tractor/trailer or double bottom, motor home, etc.

3 = Motorcycle: Includes motorcycle, moped, motor scooter, etc.

4 = Bus: Includes school bus, passenger bus, etc.

5 = Equipment: Includes farm tractor, self-propelled farm equipment, other working machines (e.g. forklift, grader, end loader), railroad train, snow plow, snowmobile, ATV's, horse drawn vehicle, miscellaneous.

6 = Bicycle

7 = Pedestrian

If Unit Type is 2 or 4, complete the "Truck & Bus Accident Information" on page 4 of the accident report, when appropriate.

See Appendix 3 for instructions when completing car/train, ATV, snowmobile, and other special unit type 5 or bicycle, unit type 6, accidents.

Total Number of Occupants

0
 1
 2
 3
 4
 5
 6

Other

22

**Direction of Travel
(Before the Accident)**

W
 E

S

23

Speed Limit

0
 1

2
 3

4

5
 24

6

N/A

OPERATOR Last	First	M.I.
NAME 25 OLSON	DANIEL	M

FIELD

INSTRUCTIONS

22 - TOTAL NUMBER OF OCCUPANTS

Mark the bubble which represents the total number of occupants (including the driver) for the unit. This number must be the same as the number of occupants listed in fields 38-44, and 65-77. **EXCEPTION:** Bus, train and car/deer accidents, when passenger information is not captured, may not be equal to field 22 (see instructions on page 61).

Mark the "0" bubble if there are no occupants (e.g. parked vehicle, etc.).

If there are more than 6 occupants in the identified unit, mark the "Other" bubble and enter the number of occupants in the box in this field. Additional occupants may be recorded using a supplemental form found in the back of the accident report pad.

23 - DIRECTION OF TRAVEL

Mark the bubble representing the actual or compass direction the unit was travelling BEFORE the accident. Mark only 1 bubble, and do not combine directions. **Leave blank for legally parked units.**

24 - SPEED LIMIT

Enter the speed limit for the roadway at the time of the accident. If the roadway is not posted, enter its maximum statutory speed limit. Mark the "N/A" bubble if a speed limit does not apply (e.g. unposted parking lot, pedestrian, etc.).

25 - OPERATOR NAME
(Includes Pedestrians)

Enter the name of the operator as it appears on the operator's driver license. Enter last name, first and middle initial in that order. If the operator is unlicensed, the legal last name, first name and middle initial should be recorded. When the operator's true name is different from what appears on the license, the reason should be listed in the narrative.

A pedestrian should never be listed as operator #1.

In the case of out-of-state operators involved in accidents in Wisconsin, officers may record the full middle name.

OPERATOR Last First M.I.
NAME 25 LEGALLY PARKED

OPERATOR Last First M.I.
NAME 25 H+R

OPERATOR Last First M.I.
NAME 25 UNKNOWN

Street Address
47 RT 9 Box 9019
City & State ZIP Phone Number (715)
MENDONIE WI 54751 235-0123

FIELD

INSTRUCTIONS

In the case of a LEGALLY PARKED unit, enter the words "LEGALLY PARKED" in the OPERATOR NAME field. Do not complete fields 26-45 for this unit. List any occupants in fields 65-77. See page 81 for Parked Trailers.

If the accident involves a hit and run vehicle list the operator name and mark the Hit & Run "Y" bubble in field 9. If the H & R driver is unknown, enter the letters "H & R" in field 25. ***Enter the unit number of the Hit & Run vehicle in the Unit # box in field 9.***

If the unit was ILLEGALLY PARKED, it is treated as a motor vehicle in transport. Enter complete information in fields 25-64 for the unit. If unavailable, enter "UNKNOWN."

Driverless motor vehicles and motor vehicles with a door open into a traffic way are also considered motor vehicles in transport. The person who parked the vehicle is the operator; complete fields 25-64.

Do not list a child under age 7 as operator. List the person who parked the vehicle as operator with a seating position of 15 and safety equipment of 8. The child should be listed as an occupant in fields 65-77.

26 - STREET ADDRESS

Enter the current address of the operator. Ask the operator for his/her current address. The driver license is not a reliable source for this information as it may have changed since the license was issued.

27 - CITY, STATE, ZIP

Enter the operator's current city, state and zip code address.

28 - PHONE NUMBER

Enter the operator's entire phone number beginning with the area code. ***If the operator does not have a phone or has an unpublished/unlisted number which is not public record, print "NONE" in this field:***

(Area Code) Exchange - Number

(715) 123 - 4567

Driver's License Number 29	250-0515-5318-06	State 30	WI	Exp. Year 31	98
-------------------------------	------------------	-------------	----	-----------------	----

Date of Birth 32	10-07-70
---------------------	----------

Sex 33	<input checked="" type="radio"/> M <input type="radio"/> F
-----------	---

On Duty Accident	<input type="radio"/> P	Police
	<input type="radio"/> E	EMT/First Responder
	<input type="radio"/> F	Fire Fighter
	34 <input type="radio"/> H	Winter Hwy Maintenance

FIELD

INSTRUCTIONS

29 - DRIVER LICENSE
NUMBER

Enter the operator's driver license number or ID card number as it appears on the license. Include the hyphens that appear between the numbers as shown below. If the operator has not been issued a driver license or I.D. card, enter "NONE" in this field.

H300-1987-0162-04

When the driver license number is available for a pedestrian, bicyclist, or equipment operator, enter it in field 29. These pedestrians/operators will not have the accident placed on their driver records.

30 - STATE

Enter the standard 2 letter abbreviation for the state that issued the operator's driver license (e.g. WI=Wisconsin, IL=Illinois). A complete list can be found on page 98.

31 - EXP. YEAR

Enter the two digits of the year the operator's driver license expires.

32 - DATE OF BIRTH

Enter the operator's six digit date of birth using two digits per month, day and year in the following sequence:

Month - Day - Year
08 - 13 - 57

33 - SEX

Indicate the sex of the operator by marking the "M" bubble for male or the "F" bubble for female.

34 - ON DUTY ACCIDENT

If one of the following persons was involved in the accident while "on duty," mark the appropriate bubble in this field:

P = Police
E = EMT/*First Responder*
F = Fire Fighter
H = Winter Hwy Maintenance

The "H" bubble is limited to those persons engaged, by an authority in charge of the maintenance of the highway, in highway winter maintenance snow and ice removal activities during a storm or in cleanup following a storm.

On Duty Accident	<input type="checkbox"/> P	Police
	<input type="checkbox"/> E	EMT/First Responder
	<input type="checkbox"/> F	Fire Fighter
	<input type="checkbox"/> H	Winter Hwy Maintenance



FIELD

INSTRUCTIONS

On-duty accidents include volunteer fire fighters involved in accidents enroute to the fire station or fire scene in response to a fire call. On-duty status applies regardless of whether or not they are paid.

If "on duty" and "on emergency," also mark the "On Emergency" bubble in the upper left-hand corner of the MV4000. Also see Appendix 4, *Page 102*.

It is acceptable to list the enforcement agency address for a "Police On Duty" accident in lieu of the officer's home address.

35 - CMV

If Class A, B, or C is marked in field 36, mark the "Y" bubble in this field. If Class D, M or O is marked in field 36, mark the "N" bubble in this field.

If a school bus is NOT designed to transport 16 or more passengers including the driver, mark "D" in field 36, "S" in field 37, and "N" in this field.

If a vehicle has a municipal plate and its GCWR or GVWR is over 26,000 pounds, mark the "Y" bubble in this field.

**Definitions: GCWR = Gross Combined Weight Rating.
GVWR = Gross Vehicle Weight Rating.**

If the vehicle is placarded for hauling hazardous materials, mark the "Y" bubble in this field.

There MUST always be an entry in this field. Driver's convicted of violating Wisconsin's CMV laws face increased licensing sanctions.

Operating as Classified:	36	Class (Mark Only One)	
		<input type="radio"/> A	<input type="radio"/> B
		<input type="radio"/> C	<input type="radio"/> M
		<input type="radio"/> D	<input type="radio"/> E

Class A : Any combination of vehicles with a GVWR over 26,000 lbs. provided the GVWR of the towed vehicle(s) is more than 10,000 lbs.



Class B: Any single vehicle with a GVWR over 26,000 lbs. or such vehicle towing a vehicle 10,000 lbs. or less.



Class C: Any single vehicle 26,000 lbs. or less GVWR (or such vehicle towing a vehicle less than 10,000 lbs.) transporting hazardous materials requiring placarding, or designed to carry 16 or more persons including the driver.



Class D: Non-Commercial vehicles 26,000 pounds or less.



Class M: Motorcycles



FIELD

INSTRUCTIONS

OPERATING AS CLASSIFIED:

Complete Fields 36-37 based on the type of operation the person was engaged in at the time of the accident. If an out-of-state license classification is different from Wisconsin's, enter the Wisconsin class which is equal to the out-of-state class.

36 - CLASS

Mark the "bubble" representing the appropriate class of vehicle operation the person was engaged in at the time of the accident. Mark only one bubble.

COMMERCIAL VEHICLE CLASSES

A - Any combination of vehicles (GCWR) over 26,000 lbs. provided the GVWR of the towed units is over 10,000 lbs.

B - Any single vehicle GVWR over 26,000 lbs. or such vehicle towing a unit under 10,000 lbs. GVWR.

C - Any single vehicle less than 26,000 lbs. GVWR, or such vehicle towing a unit not in excess of 10,000 lbs. GVWR, transporting hazardous materials in amounts requiring placarding, requires "H", "H & N", or "X" endorsements. Vehicles designed to transport 16 or more persons, including the driver, require a "P" endorsement.

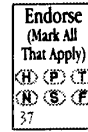
If an operator holds a commercial license A, B, or C and is operating an auto at the time of the accident, mark the "D" bubble in this field. If he/she is operating a motorcycle, mark the "M" bubble in this field.

Mark the "O" bubble when no license is required (e.g. bicyclist, pedestrian, snowmobile, train, farm implement, etc.).

NON-COMMERCIAL VEHICLE CLASSES

D - Any vehicle not in classes A, B, C, M or O

M - Motorcycle



CLASSIFIED LICENSE ENDORSEMENTS

- H - Hazardous Materials:** Any vehicle used to transport hazardous materials in placardable amounts.
- N - Tank Vehicle:** Any vehicle intended for hauling liquids in bulk.
- P - Passenger Vehicle:** Any vehicle designed or actually transporting 16 or more passengers including the driver.
- S - School Bus:** Any school bus.
- T - Double/Triple Trailers:** Combination vehicles with double or triple trailers
- F - Seasonal Farm Worker:** A seasonal farm worker.
- X - Tank/Hazardous Material:** Any tank vehicle used to transport placardable amounts of hazardous materials. (Note: Currently Wisconsin issues the H and N endorsements, not the X).

(Note: CMV = When GVWR, GVW or Registered Weight is over 26,000 pounds, or the vehicle is designed to carry 16+ passengers or is placarded for carrying hazardous materials).

FIELD

INSTRUCTIONS

37 - ENDORSE

Mark ONLY the appropriate endorsement bubble(s) that represents the type of operation the operator was **engaged** in at the time of the accident. If an out-of-state endorsement is different from Wisconsin's, enter the Wisconsin endorsement that is equal to the out-of- state endorsement.

ENDORSEMENTS

H - Hazardous Materials

N - Tank Vehicles

P - Passenger (16 or more people)

S - School Bus

T - Double/Triple Trailers

F - Seasonal Farm Worker

X - Tank Vehicle and Hazardous Material (out-of-state only)

If a CMV driver is operating under an "X" endorsement, mark the "H" and "N" bubbles.

Severity

(K)	(N)
●	
(B)	
(C)	38

FIELD

INSTRUCTIONS

38 - SEVERITY

For purposes of completing fields 38 - 44, "operator" means driver, pedestrian or bicyclist.

Injury should be classified on the basis of the officer's observations at the accident scene. Mark the bubble which indicates the most severe injury for the operator. Mark only 1 bubble per operator.

K = FATAL INJURY - Any injury received in a traffic accident which results in death within 30 days of the accident.

Mark the "K" bubble when injuries result in a fatality.

A = INCAPACITATING INJURY - Any injury other than a fatal injury which prevents the injured person from walking, driving, or from performing other activities which he/she performed before the accident.

Mark the "A" bubble when an operator's injuries are incapacitating.

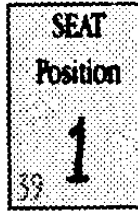
B = NONINCAPACITATING INJURY - Any injury, other than fatal or incapacitating, which is evident at the scene. Evidence of injury may include known symptoms of an injury which are not directly observable.

Mark the "B" bubble when an operator's injuries are nonincapacitating.

C = POSSIBLE INJURY - Any injury which is not observable or evident at the scene but is claimed by the individual or suspected by the law enforcement officer.

Mark the "C" bubble when an operator suffers possible injury.

N = NO APPARENT INJURY - Mark the "N" bubble when there is no apparent injury to the operator.



FIELD

39 - SEAT POSITION

INSTRUCTIONS

Enter the seating position of the operator. Use the following numbered codes:

SEATING POSITIONS

- 1 Front Seat-Left Side (Motorcycle/Bicycle Driver)
- 2 Front Seat-Middle
- 3 Front Seat-Right Side
- 4 Second Seat-Left Side (Motorcycle/Bicycle Passenger)
- 5 Second Seat-Middle
- 6 Second Seat-Right Side
- 7 Third Row-Left Side (Sidecar: Motorcycle Passenger)
- 8 Third Row-Middle
- 9 Third Row-Right Side
- 10 Sleeper Section of Cab (Truck)
- 11 Passenger in Other Enclosed Passenger or Cargo Area (Non-Trailing Unit including Buses)
- 12 Passenger in Unenclosed Passenger or Cargo Area (Non-Trailing Unit)
- 13 Trailing Unit
- 14 Riding on Vehicle Exterior (Non-Trailing Unit)
- 15 Pedestrian (Nonoccupant)
- 16 Unknown

A pedestrian is always seat position 15.

List an occupant sitting on a person's lap as the same seat position.

Operator seating position for DRIVERLESS MOTOR VEHICLES should be listed as seat position 15.

SAFETY
Equipment
40

AIRBAG
 Deployed
 Non Deployed
 Not Applicable
 Unknown
 41

EJECTED
 Not Applicable Partially Ejected
 Not Ejected Unknown
 Totally Ejected
 42

TRAPPED/ 43 Not Applicable Trapped/Extricated Unknown
 EXTRICATED Not Trapped Trapped/Not Extricated

Medical 44
 Transport

Vehicle Owner 45 Last Name **JOHNSON** First **WAYNE** M.I. **F**
 Same 46

FIELD

INSTRUCTIONS

40 - SAFETY EQUIPMENT

Enter the safety equipment used by each operator. Use the below numbered codes. A pedestrian is always code 8. Indicate safety equipment used by bicyclist.

SAFETY EQUIPMENT

- 0 None Used-Vehicle Occupant
- 1 Shoulder Belt and Lap Belt Used
- 2 Lap Belt Only Used
- 3 Shoulder Belt Only Used
- 4 Child Safety Seat Used
- 5 Helmet used
- 6 Helmet and Eye Protection Used
- 7 No Helmet-Eye Protection Only Used
- 8 Not Applicable-Nonmotorist
- 9 Restraint Use Unknown

List Operator safety equipment for DRIVERLESS MOTOR VEHICLES as 8.

41 - AIRBAG

Mark the bubble which represents the level of airbag deployment in the accident.

Mark "Not Applicable" if no airbag is furnished for the seat position. Mark "Non Deployed" ONLY if seating position is equipped with an airbag and the airbag did not deploy.

42 - EJECTED

Mark the bubble which best represents the level of the operator's ejection in the accident. "Ejected" can apply to motorcyclists, bicyclists, etc. "Not Applicable" applies to pedestrians.

43 - TRAPPED/EXTRICATED

Mark the bubble which best represents the level of the operator's entrapment or extrication. **"Trapped/Not Extricated" means the operator died in the vehicle.**

44 - MEDICAL TRANSPORT

Mark the "Y" bubble if the operator was injured and transported to a medical facility by a qualified medical professional. This includes a doctor, nurse, EMT, etc. If not, mark the "N" bubble.

45 - 46 - VEHICLE OWNER

Mark the "Y" bubble if the vehicle owner or lessor's name is the same as the operator's name. Do not complete fields 46-49. If the owner's name is not the same as the operator's, mark the "N" bubble and enter the name of the owner as it appears on the registration record.

Vehicle Owner Same <input checked="" type="radio"/>	45	Last Name	JOHNSON	First	WAYNE	F	M.I.
	46						

Street Address	RT 9 Box 9019		
47			
City & State	WI	ZIP	54751
		Phone Number	(715) 235-0123

Year of Vehicle	Make	Model	Body Style	Color
50 95	51 GMC	52 JIMMY	53 SUV	54 GRN

Vehicle ID Number	1KL2TB1283L170018
55	

License Plate Number	Plate Type	State	Exp. Year
56 Z9999T	57 CVG	58 WI	59 98

FIELD

INSTRUCTIONS

When a dealer license plate is displayed on the vehicle, list the dealership as the owner of the vehicle.

The owner of a parked motor vehicle MUST be identified. A parked motor vehicle is any motor vehicle stopped, parked, disabled, or abandoned along the roadway where normal usage permits such stopping or parking outside the roadway traffic lanes. This does NOT include double parked vehicles, vehicles parked in no parking zones, driverless motor vehicles, vehicles with a door open into a traffic way or any illegally parked vehicles.

An illegally parked vehicle must be identified as a vehicle who parked this vehicle is the in transport. The person operator; complete fields 25-64.

47 - ADDRESS

Enter the current address of the owner.

48 - CITY, STATE, ZIP

Enter the city, state and zip code of the owner's current address.

49 - PHONE NUMBER

Enter the owner's entire phone number, including the area code. ***If the owner does not have a phone or has an unpublished/unlisted number which is not public record, print "NONE" in this field:***

50 - YEAR OF VEHICLE

51 - MAKE

52 - MODEL

53 - BODY STYLE

54 - COLOR

Enter the year, make, model (e.g. Camaro, Mustang, LeBarron, etc.), body style (e.g. 2 door, station wagon, van, pick-up, etc.), and the predominant color of the vehicle. If two-tone color information is necessary, record this information in the narrative. Use only the standard 3 letter color abbreviation found on the accident pad cover.

55 - VIN NUMBER

Enter the vehicle identification number from the unit, NOT from a registration check.

56 - LICENSE PLATE

Enter the license plate number displayed on the vehicle. If the license plate number is not available, leave this field blank.

In the case of a combination vehicle, list the power unit license plate number in this field. ***List trailer plates in field 106.***

57 - PLATE TYPE

Enter the standard 3 letter abbreviation for plate type. A complete list is located on page 97. The plate type must coincide with the unit type in field 21.

License Plate Number 56 Z9999T	Plate Type 57 CVG	State 58 WI	Exp. Year 59 98
--	-----------------------------	-----------------------	---------------------------

Liability Insurance Company
63 **AMERICAN FAMILY INS CO**

Geno... 0
T ● 3
Stat. #
64 **346.18(2) →**

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200

FIELD

INSTRUCTIONS

58 - STATE

59 - EXP. YEAR

Enter the name of the issuing state using the standard 2 letter abbreviation and the year of expiration on the plate.

60 - 61 - POLICY HOLDER'S
NAME

Ask each driver for the policy holder's name. If the policy holder's name is the same as the vehicle owner's name, mark the "Y" bubble. Do not complete field 61.

If the policy holder's name is different from the vehicle owner's name, mark the "N" bubble and enter the policy holder's name in field 61.

62 - CITATION

Mark the bubble which represents the number of citations issued. Mark the "0" bubble if no citations were issued, the "1" bubble if one citation was issued, etc. If one or more citations were issued, COMPLETE field 64.

63 - INSURANCE
COMPANY

At the accident scene, ask each driver for the name of their insurance company. Enter the name of the insurance company that issued the policy covering the vehicle. Do not enter the name of the insurance agent, agency or motor club.

If the vehicle is not insured, print "NONE" in this field. Assist or instruct the people involved in the accident to exchange their names, addresses, drivers license numbers, dates of birth, vehicle registration information and phone numbers.

IMPORTANT: This information is used to enforce Wisconsin's Safety Responsibility Law.

64 - STAT. #

Enter the statute number, including subsection and paragraph, **of the violation which contributed most to the accident.** Refer to the REVISED UNIFORM STATE TRAFFIC DEPOSIT SCHEDULE for section numbers. If 2 or more citations are issued for 1 person, draw a "small horizontal arrow" in this field and list the additional citations in the narrative.

◆ Occupant Unit Number	65	NAME	Last	First	M.I.	Date of Birth	Sex
	66	JOHNSON	SUSAN	M	07-05-63	69 (M) <input checked="" type="radio"/>	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	ADDRESS	Street & Number	City & State	ZIP			
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	68						
Address Same							
76 Operator	<input checked="" type="radio"/>	Yes					
74	<input type="radio"/>	No					

FIELD

INSTRUCTIONS

65 - OCCUPANT UNIT
NUMBER

Mark the bubble which indicates the unit number that the OCCUPANT (i.e. passenger) was in.

66 - OCCUPANT NAME

Enter the name of the OCCUPANT. If the OCCUPANT has the same address as the unit's operator, mark the "Y" bubble in field 74, and leave field 68 blank.

Capturing names and addresses of all uninjured occupants in bus or train and car/deer accidents is optional.

If an occupant refuses to give his/her name and address, enter "REFUSED" in field 66.

The total number of OCCUPANTS listed in fields 65-77, plus the operators listed in fields 25 - 44, must equal the total number of occupants listed in field 22. ***Additional occupants can be recorded on a supplemental form found near the back of the accident report pad.***

(Exception: Car/deer, train and bus accidents, when all uninjured passenger information is not captured)

The total number of persons listed as "injured" or "killed" in these fields must equal the total number identified as injured or killed in fields 7 and 8, respectively.

If a person was killed, an immediate administrative TTY message to "MVFR" must be sent, and the MV3480 "Wisconsin Motor Vehicle Fatal Supplement Report" must be completed and sent (i.e. Appendices 1 and 2).

67 - DATE OF BIRTH

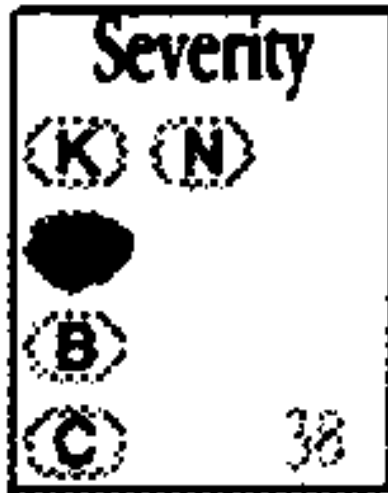
Enter the date of birth of the occupant.

68 - ADDRESS

Enter the address, city, state and zip code of the occupant.

69 - SEX

Mark the bubble which indicates the occupant's gender.



FIELD

70- SEVERITY

INSTRUCTIONS

Injury should be classified on the basis of the officer's observations at the accident scene. Mark the bubble which indicates the most severe injury for the occupant . Mark only 1 bubble per occupant.

K = FATAL INJURY - Any injury received in a traffic accident which results in death within 30 days of the accident.

Mark the "K" bubble when injuries result in a fatality.

A = INCAPACITATING INJURY - Any injury other than a fatal injury which prevents the injured person from walking, driving, or from performing other activities which he/she performed before the accident.

Mark the "A" bubble when an occupant's injuries are incapacitating.

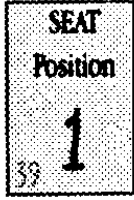
B = NONINCAPACITATING INJURY - Any injury, other than fatal or incapacitating, which is evident at the scene. Evidence of injury may include known symptoms of an injury which are not directly observable.

Mark the "B" bubble when an occupant's injuries are nonincapacitating.

C = POSSIBLE INJURY - Any injury which is not observable or evident at the scene but is claimed by the individual or suspected by the law enforcement officer.

Mark the "C" bubble when an occupant suffers possible injury.

N = NO APPARENT INJURY - Mark the "N" bubble when there is no apparent injury to the occupant.



FIELD

71 - SEAT POSITION

INSTRUCTIONS

Enter the seating position of the occupants using the following numbered codes:

SEATING POSITIONS

- 1 Front Seat-Left Side (Motorcycle/***Bicycle*** Driver)
- 2 Front Seat-Middle
- 3 Front Seat-Right Side
- 4 Second Seat-Left Side (Motorcycle/***Bicycle*** Passenger)
- 5 Second Seat-Middle
- 6 Second Seat-Right Side
- 7 Third Row-Left Side (Sidecar: Motorcycle Passenger)
- 8 Third Row-Middle
- 9 Third Row-Right Side
- 10 Sleeper Section of Cab (Truck)
- 11 Passenger in Other Enclosed Passenger or Cargo Area (Non-Trailing Unit, including Buses)
- 12 Passenger in Unenclosed Passenger or Cargo Area (Non-Trailing Unit)
- 13 Trailing Unit
- 14 Riding on Vehicle Exterior (Non-Trailing Unit)
- 15 Pedestrian (Nonoccupant)
- 16 Unknown

List an occupant sitting on a person's lap as the same seat position.

72 - SAFETY EQUIPMENT

Enter the safety equipment used by each occupant. Use the numbered codes below. A pedestrian is always code 8.

Indicate safety equipment used by a bicyclist.

SAFETY EQUIPMENT

- 0 None Used-Vehicle Occupant
- 1 Shoulder Belt and Lap Belt Used
- 2 Lap Belt Only Used
- 3 Shoulder Belt Only Used
- 4 Child Safety Seat Used
- 5 Helmet used
- 6 Helmet and Eye Protection Used
- 7 No Helmet-Eye Protection Only Used
- 8 Not Applicable-Nonmotorist
- 9 Restraint Use Unknown

AIRBAG

① Deployed
 ② Non Deployed
 ● Not Applicable
 ④ Unknown

41

**Address Same
 as Operator** Yes
 No

EJECTED

① Not Applicable ④ Partially Ejected
 ● Not Ejected ⑤ Unknown
 ③ Totally Ejected

42

TRAPPED/ ④ ① Not Applicable ③ Trapped/Extricated ⑤ Unknown
EXTRICATED ● Not Trapped ④ Trapped/Not Extricated

Medical 44 ●
Transport ④

Agency Space

78

EMS Number

79

FIELD

INSTRUCTIONS

73 - AIRBAG

Mark the bubble which represents the level of airbag deployment in the accident.

Mark "Not Applicable" if no airbag is furnished for the seat position. Mark "Non Deployed" ONLY if seating position is equipped with an airbag and the airbag did not deploy.

74 - ADDRESS SAME
AS OPERATOR

Mark the "Y" bubble if the occupant listed for the unit in field 65 has the same address as the operator of the unit. If not, mark the "N" bubble, and enter the occupant's address in field 68.

75 - EJECTED

Mark the bubble which best represents the level of the occupant's ejection in the accident. "Ejected" can apply to motorcyclists or bicyclists. "Not Applicable" applies to pedestrians.

76 - TRAPPED/EXTRICATED

Mark the bubble which best represents the level of the occupant's entrapment or extrication. **"Trapped/Not Extricated" means the passenger died in the vehicle.**

77- MEDICAL TRANSPORT

Mark the "Y" bubble if the occupant was injured and transported to a medical facility by a qualified medical professional. This includes a doctor, nurse, EMT, etc. If not, mark the "N" bubble.

78 - AGENCY SPACE

This space is for local agency use. It may be used for whatever purpose your agency deems appropriate. DOT will not capture information from this field.

79 - EMS NUMBER

Do not complete this field. Its use will be determined at a later date.

Type of Accident			
02 First Harmful Event		Most Harmful Event	
Unit Number		Unit Number	
● 2 3 4 5	1 ● 3 4 5	6 7 8 9 10	6 7 8 9 10
(select one per vehicle)			
Collision With Object Not Fixed			
1 ● Motor Vehicle in Transport	2 ●	3	4
5 Pedalcycle	6	7	8
9 Other Object (Not Fixed)	10	11	12
Collision With Fixed Object			
13 Lum. Light Support	14	15	16
17 Guardrail Face	18	19	20
21 Bridge Parapet End	22	23	24
25 Culvert	26	27	28
29 Fence	30	31	32
Non-Collision			
33 Fire/Explosion	34	35	36

Example 1: Unit 1 collides with a parked motor vehicle (Property damage only)

Type of Accident			
26 First Harmful Event		Most Harmful Event	
Unit Number		Unit Number	
● 2 3 4 5	1 2 3 4 5	6 7 8 9 10	6 7 8 9 10
(select one per vehicle)			
Collision With Object Not Fixed			
1 Motor Vehicle in Transport	2	3	4
5 Pedalcycle	6	7	8
9 Other Object (Not Fixed)	10	11	12
Collision With Fixed Object			
13 Lum. Light Support	14	15	16
17 Guardrail Face	18	19	20
21 Bridge Parapet End	22	23	24
25 Culvert	26	27	28
29 Fence	30	31	32
Non-Collision			
● 33 Fire/Explosion	34	35	36

Example 2: Unit 1 collides with the ditch, breaks an axle, and overturns, killing the driver.

Type of Accident			
01 First Harmful Event		Most Harmful Event	
Unit Number		Unit Number	
● 2 3 4 5	1 ● 3 4 5	6 7 8 9 10	6 7 8 9 10
(select one per vehicle)			
Collision With Object Not Fixed			
1 Motor Vehicle in Transport	2 ●	3	4
5 Pedalcycle	6	7	8
9 Other Object (Not Fixed)	10	11	12
Collision With Fixed Object			
13 Lum. Light Support	14	15	16
17 Guardrail Face	18	19	20
21 Bridge Parapet End	22	23	24
25 Culvert	26	27	28
29 Fence	30	31	32
Non-Collision			
33 Fire/Explosion	34	35	36

Example 3: Unit 1, a MV in transport, collides with Unit 2, a MV in transport (Property damage only)

82	Fixed Object Struck		
Unit # 2	Unit #	Unit #	Unit #
21			
Govt. Damage Tag # 83	65432		

PROPERTY	Last	First	M.I.
OWNER 84	MONROE COUNTY HIGHWAY DEPT		
ADDRESS	Street & Number		
85	112 S MAIN ST		
City & State	ZIP	Phone Number (608)	
86	TOMAH	WI 54660	555-4433

FIELD

INSTRUCTIONS

TYPE OF ACCIDENT

80 - FIRST HARMFUL EVENT

Enter the appropriate number in the box which most accurately describes the "first harmful event." Select this number from field 81.

Definition: First Harmful Event is the first occurrence of injury or damage.

81 - MOST HARMFUL EVENT

For each unit involved: 1) Mark the appropriate unit number, and, 2) Mark the bubble that represents the "most harmful event." **Select only one bubble for each unit.**

Definition: Most Harmful Event is the event which caused the greatest injury or damage to the unit.

In other words, to complete field 81, ask yourself: "What caused the greatest injury or damage to the unit?"

For Example: Unit 1 (a motor vehicle in transport) strikes Unit 2 (a parked motor vehicle). The correct response is marking parked motor vehicle (bubble 2) as causing the most damage to unit 1; then, marking motor vehicle in transport (bubble 1) as causing the most damage to Unit 2.

Use "Motor Vehicle in Transport in Other Roadway" when a vehicle collided with another vehicle after crossing a separation area between two parallel roadways (e.g. vehicle left freeway and hit another vehicle on a frontage road).

OPTIONAL: If "deer" is the type of accident, and the accident is a single vehicle accident not involving an injury, fatality or damage to other property, an MV4000 accident report with abbreviated car/deer information may be submitted provided your Law Enforcement Agency Administrator approves (see Appendix 5 for instructions).

82 - FIXED OBJECT STRUCK

Enter the unit number in the space to the right of "UNIT" in the small box. Then, from field 81, enter the number(s) that most accurately describe the fixed object(s) struck by each unit and owned by one property owner below the first line. Additional property owners' information can be recorded on an Accident Report Supplement.

82 Fixed Object Struck				PROPERTY Last	First	M.I.
Unit # 2	Unit #	Unit #	Unit #	OWNER 84	MOURDE COUNTY HIGHWAY DEPT	
21				ADDRESS Street & Number	112 S MAIN ST	
Govt. Damage Tag # 83	65432			City & State	ZIP	Phone Number (608)
				TOMAH WI	54660	555-4433

Driver Condition	
Unit Number <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	Unit Number <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
88 Driver Factors (Or Pedestrians)	
<input checked="" type="radio"/> (1)	Appeared Normal (1)
<input type="radio"/> (2)	Reduced Alertness (2)
<input type="radio"/> (3)	Ability Impaired (3)
<input type="radio"/> (4)	Not Observed (4)
89 Presence	
<input checked="" type="radio"/> (5)	Neither Alcohol nor Drugs Present (5)
<input type="radio"/> (6)	Yes—Alcohol Present (6)
<input type="radio"/> (7)	Yes—Drugs Present (7)
<input type="radio"/> (8)	Yes—Alcohol & Drugs Present (8)
<input type="radio"/> (9)	Unknown (9)

FIELD

INSTRUCTIONS

83 - GOVT. DAMAGE TAG #

For agencies following the Damage Claim Program and Tagging System, enter the yellow Govt. Damage Tag number in this box.

84 - PROPERTY OWNER

Enter the name of the property owner of the fixed object struck. This can be an individual, government agency, or business. *Refer to Appendix 9 on Page 110 for WI Dept. of Transportation Highway District addresses.*

Include additional supplemental forms to identify and link multiple property owners with their property. The supplemental forms can be found near the back of the accident report pad.

Deer

If "deer" is the type of accident, do not list the DNR as fixed object owner in fields 84-87, or as a possible contributing circumstance to the accident in fields 122 - 124.

Domestic Animals

Owners of cows, horses, or other animals killed or injured in accidents should not be listed in this field. Instead, record the owner's name, DOB, address and driver license number in the accident narrative. DOT Safety Responsibility follow-up may be necessary.

85, 86, 87 - ADDRESS,
CITY, STATE ZIP & PHONE

Enter the street address of the property owner listed, the city, state, zip code and telephone number.

DRIVER/PEDESTRIAN CONDITION

Driver Condition data, based on observation at the scene of the accident and/or chemical test results available during the investigation, *must be recorded.*

88 - DRIVER FACTORS
(Or Pedestrians)

For each operator or pedestrian involved:
1) Mark the appropriate unit number, and
2) Mark the bubble which best depicts his/her condition at the time of the accident. Mark only one bubble per operator or pedestrian.

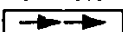

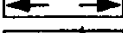
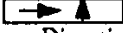


Mark "Not Observed" when you have not observed the driver's condition (walk-in report, Hit & Run, driver left scene prior to your arrival, etc.).

89 - PRESENCE

For each operator or pedestrian involved, mark the bubble which best depicts the presence of alcohol or other drugs. Mark only one bubble per operator or pedestrian.

90 Alcohol	
AC Value	AC Value .03
<input checked="" type="radio"/>	Test Not Given (10)
<input type="radio"/>	Test Refused (11)
<input type="radio"/>	Test Given, Alcohol Unknown (12)
<input type="radio"/>	Test Given, No Alcohol Reported (13)
91 Drugs	
<input checked="" type="radio"/>	Test Not Given (14)
<input type="radio"/>	Test Refused (15)
<input type="radio"/>	Test Given, Drugs Unknown (16)
<input type="radio"/>	Test Given, No Drugs Reported (17)
<input type="radio"/>	Drugs Reported (Specify Below) (18)
<input type="radio"/>	Marijuana (19)
<input type="radio"/>	Cocaine (20)
<input type="radio"/>	Opiates (21)
<input type="radio"/>	Amphetamines (22)
<input type="radio"/>	PCP (23)
<input type="radio"/>	Other Drug Medication (24)
<input type="radio"/>	Type Unknown (25)

Unit #	(2) (3) (4) (5) (6) (7) (8) (9) (10)
Pedestrian	92
Location	Action
(1) In Crosswalk	(1) Walking not Facing Traffic
(2) In Roadway	(2) Disregarded Signal
(3) Not in Roadway	(3) Darting into Road
(4) On Sidewalk	(4) Dark Clothing
	(5) Walking Facing Traffic

Manner of Collision	93
(1) No Collision with Motor Vehicle in Transport	
(2) Rear-end	
(3) Head On	
(4) Rear to Rear	
(5) Angle	
(6) Sideswipe, Same Direction	
(7) Sideswipe, Opposite Direction	
(8) Unknown	

FIELD

INSTRUCTIONS

90 - ALCOHOL

For each operator or pedestrian involved, mark the bubble which best depicts whether a chemical alcohol test was given or alcohol was present. Mark only one bubble per operator or pedestrian.

If an intoxilyzer, blood or urine alcohol test was given, enter the alcohol concentration (AC Value) in the appropriate box. **Do not enter PBT values.**

91 - DRUGS

For each operator or pedestrian involved in the accident, mark the bubble which best depicts whether a drug test was given or drugs were present.

If a test was given and drugs were present, mark the bubbles associated with the types of drugs found. Mark all bubbles that apply.

When you mark "Other Drug Medication," record the type of medication in the narrative.

92 - PEDESTRIAN

When a pedestrian is involved:

- 1) Mark the bubble which represents the pedestrian unit number, and
- 2) Mark the bubble that best identifies the location of the pedestrian involved in the accident during the first harmful event, and
- 3) Mark the bubble which best identifies an "action" that may have been a factor in the accident. ***If no "action" is applicable, leave blank.***

93 - MANNER OF COLLISION

Mark the bubble which best describes the manner of collision at the point of the first harmful event. The arrows represent vehicles. There are 3 exceptions to this rule:

1. OFF ROAD ACCIDENTS: DOT engineers ask that you mark these accidents as "No Collision with Motor Vehicle In Transport." Record any objects struck in field 82, Fixed Object Struck, and mark bubble 5 or 6, as appropriate in field 117, Relation to Roadway.
2. SINGLE VEHICLE ACCIDENTS: Mark these accidents as "No Collision with Motor Vehicle in Transport."
3. DEER, OTHER ANIMAL, PEDESTRIAN, BICYCLE and PARKED MOTOR VEHICLE ACCIDENTS: Always code as "No Collision with Motor Vehicle in Transport."

Unit # ● ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

74

Darken Numbered Area(s) of Vehicle Damage

① None
 ⑩ Undercarriage
 ⑪ Total (Damage to all Areas)
 ⑫ Other
 ⑬ Unknown

75

Extent of Damage

① None ④ Severe
 ② Very Minor ● Very Severe
 ③ Moderate ⑥ Unknown

FIELD

INSTRUCTIONS

94 - VEHICLE DAMAGE

For each unit involved:

- 1) Mark the appropriate unit number, and
- 2) Mark the bubble(s) in the area(s) where the vehicle is damaged. This diagram is to be used for all units except pedestrians.

Trailer or Towed
Unit Damage

Damage to a trailer or towed unit is recorded in the VEHICLE DAMAGE diagram. Use numbers 8, 1 and 2 for damage to the power unit. Numbers 3 through **7 and 9** are to record damage to the trailer or towed unit. In the case of a double-bottom trailer, use numbers 7, 9 and 3 to record damage to one trailer, and numbers 4, 5 and 6 to record damage to the second trailer.

WHEN you mark bubble 0,11,12, or 13, **it is not necessary to mark bubbles 1 - 9** in this field.

95 - EXTENT OF DAMAGE

Mark the bubble that best describes the vehicle's damage severity.

CRITERIA:

None = No apparent damage to vehicle.

Very Minor = Damage of a cosmetic nature. Examples: paint scratches, tire scuff marks, bumper rub marks. No dents or missing trim pieces.

Minor = Vehicle is dented but repairable. Examples: blown tire(s), broken windshield or window, missing trim pieces, small dents but no creased metal parts.

Moderate = Vehicle quarterpanels are dented or creased. Broken or missing parts can be either replaced or repaired. Vehicle frame or unibody are not damaged. Includes engine compartment fires.

Severe = Vehicle not driveable but may be salvaged.

Very Severe = Vehicle is not salvageable. Examples: extensive vehicle damage due to impact of collision, vehicle fire, and vehicle rollover damaging all areas of the vehicle.

Unknown = Extent of vehicle damage is unknown to the investigating officer. Examples: vehicle repaired prior to the police investigation, vehicle returned to home state after accident, and unidentified hit and run vehicle fleeing accident scene.

FIELD

INSTRUCTIONS

96 - VEHICLE TOWED DUE TO DAMAGE

Mark the "Y" bubble if the vehicle was towed DUE TO DAMAGE, the "N" bubble if it was not.

97 - VEHICLE REMOVED BY

Identify who removed the vehicle from the accident scene (e.g. operator, police officer, name of towing service).

98 - DIRECTION

Draw an arrow in the circle to indicate NORTH.

99 - PICTORIAL REPRESENTATION OF NARRATIVE

Draw a diagram which corresponds with the narrative description of the accident. Every accident report, except *the abbreviated* single vehicle property damage car/deer accidents, MUST have a diagram (see Appendix 5). The graphic background is provided to facilitate the use of a template.

Label all items drawn in the diagram.

If the units have been moved prior to your arrival at the accident scene, complete a diagram of the accident with any remaining visible evidence. If you have not investigated the scene, complete the diagram based on statements of the operator(s) and label the diagram "BASED ON OPERATOR(S) STATEMENT(S)."

Broken Lines

Use broken lines to show vehicle or pedestrian movements and events up to and including point of impact, but not point of final rest.

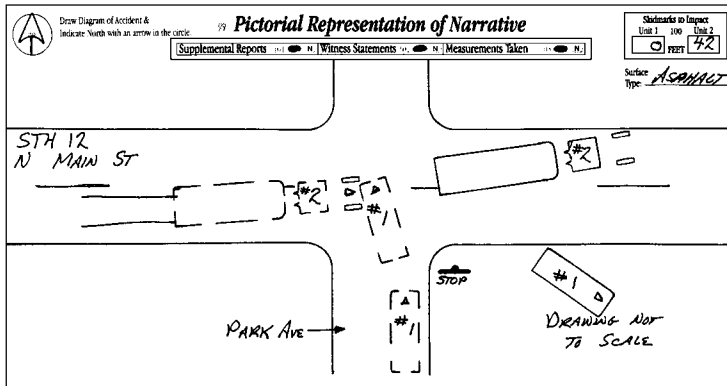
Solid Lines

Draw "visible evidence" with solid lines.

This includes:

1. The unit(s) at final rest
2. Physical features (e.g. view obstructions, traffic signs or signals fixed objects)
3. Any tire marks left by the unit(s) up to impact (e.g. speed scuffs, tire impressions)
4. Any marks left by the unit(s) after impact (e.g. gouges, scratches)
5. Any debris left by the units after impact (e.g. spilled fluids, broken glass).

All accident reports must have a diagram. EXCEPTION: *Abbreviated* single vehicle property damage car/deer accidents (see Appendix 5).



N UNIT #1 WAS STOPPED AT STOP SIGN ON PARK AVE
 A FACING W/B. UNIT #2 WAS E/B ON STH 12
 R APPROACHING INTERSECTION OF PARK AVE.
 R UNIT #1 PULLED FROM STOP SIGN ATTEMPTING
 R LEFT TURN. THE FRONT OF UNIT #2 STRUCK
 A THE LEFT FRONT ON UNIT #1. UNIT #1
 T SPUN CLOCKWISE AND CAME TO REST IN DITCH
 I ON SOUTHSIDE OF STH 12. UNIT #2 CONTINUED
 V EAST ON STH 12 COMING TO REST IN W/B LANE

106	Power Unit #	Trailer Make	Trailer Unit	Trailer Type	VIN
2	WBNTL	SEMI			1JTV482E1N176330
E	License Plate #	State	Exp. Date		
	303030	STL	WZ	Now - EXP	

Photos By: R W FRISK

FIELD

INSTRUCTIONS

100 -SKIDMARKS
TO IMPACT

Enter in FEET the measurements of any skidmarks up to impact for each unit. Enter a "0" if there are no skidmarks for a unit.

Surface Type

Optional: Enter the type of roadway surface on which the skidmarks were measured.

101- SUPPLEMENTAL
REPORTS

Mark the "Y" bubble if there are supplemental reports associated with this accident that will not be sent to DOT (e.g. special diagrams, measurement records, field notes, etc.). Mark the "N" bubble if there are none.

102- WITNESS STATEMENTS

Mark the "Y" bubble if there are written witness statements associated with this accident. If none, mark the "N" bubble.

103- MEASUREMENTS TAKEN

Mark the "Y" bubble if you have taken and recorded measurements for this accident. Mark the "N" bubble if no measurements were taken.

104- NARRATIVE

This field should be used to describe the sequence of events for all units involved in the accident. The narrative and diagram should give a clear picture of what took place. The narrative field should also be used to record additional information on the following:

1. Pointer Information
2. Multiple Citations
3. Additional Witnesses
4. Other Drug Medication
5. Domestic Animal Owners (See field 84)
6. Hazardous Materials Spilled from Trucks or Buses
7. Parked Semi Trailers and Other Trailers
8. School Bus Information
9. Other PCC's

School Bus

When a school bus is involved in an accident, record the following additional information in the narrative: The NAME of the school and whether the bus was travelling TO or FROM it; the NAME of the School District the bus is contracted with; the BODY MAKE and SEATING CAPACITY of the bus.

105 - PHOTOS BY:

If, in field 9, you marked the "Y" bubble for "Photos Taken," enter the name of the person(s) who took the photos or video recordings in this field.

106 Power Unit #	2	Trailer Make	WBNTL	Towed Unit	SEMI	VIN	1JTV48RE1NLT76330
License Plate #	303030	Plate Type	STL	State	WZ	Exp. Dc.	Now-EXP

WITNESS NAME	Last 107	ANDERSON	First	ANNE	MI	M
ADDRESS	Street & Number 108	202 N BROADWAY	Date of Birth 109	02-13-68		
City & State 110	MENOMONIE WI	54751	Phone Number	111	(715)	232-0123

FIELD

INSTRUCTIONS

106 - TRAILER OR
TOWED

If a unit was pulling a trailer or towed unit list the trailer/towed unit information on the bottom 2 lines of the narrative. DO NOT list vehicles which were towed from the scene as a result of the accident.

List unit number, from field 20, of the POWER UNIT*, TOWED UNIT type, the TRAILER MAKE or towed vehicle make, VIN, LICENSE PLATE NUMBER, PLATE TYPE, STATE of ISSUE, and EXPIRATION YEAR. When any of this information is not available, enter "NA" after the information category.

** Do not list fleet number. Power unit number is the same as the unit number in field 20.*

TOWED UNIT TYPE

Use the following abbreviations to identify the TOWED UNIT type:

Auto = AUTO	Recreational = RECR
Truck= TRUK	(e.g. camper trailers)
Bus = BUS	Equipment = EQMT
Full Trailer = TRLR	Semi Trailer = SEMI
(e.g. 5th wheels)	Utility Trailer = UTIL
Mobile Home = MBH	(e.g. boat,
	snowmobile, homemade,
	and other trailers)

Parked Trailers

If the accident involves an unattached LEGALLY PARKED semi trailer or other trailer struck while on private property or in a parking lot, complete field 82, "Fixed Object Struck" using number 9 "Other Object (Not Fixed)" to describe the object struck. Enter the name, address and phone number of the trailer's owner in fields 84-87.

If the unattached semi trailer or other trailer is LEGALLY PARKED along a public highway when it is struck, it is considered part of a unit and the power unit information should be sought and recorded in fields 50-59. Also, record the trailer information in field 106.

If the unattached semi trailer or other trailer is ILLEGALLY PARKED, complete the operator and power unit information in fields 25-64, and record the semi trailer or other information in field 106.

107 - WITNESS NAME

Enter the name of the witness. Additional witnesses may be recorded in the narrative.

WITNESS NAME 117	Last ANDERSON	First ANNE	M.I. M
ADDRESS Street & Number 118	282 N BROADWAY	Date of Birth 119	02-13-68
City & State 116	MONOMIE VT 54751	Phone Number 111	(715) 282-0123

ACCESS CONTROL 112

No Control
(Unlimited Access)

Full Control
(Only Ramp Entry/Exit)

Partial Control

ROAD TERRAIN 114

Part A

Straight

Curve

Part B

Level/Flat

Hill

LIGHT CONDITION 113

Daylight

Dark—Not Lighted

Dark—Lighted

Dawn

Dusk

Unknown

TRAFFIC WAY 115

Not Physically Divided
(2-Way Traffic)

Divided Highway, Median
Strip, without Traffic Barrier

Divided Highway, Median
Strip, with Traffic Barrier

One-Way Traffic

Parking Lot or Private Property

ROAD SURFACE CONDITION 116

Dry

Wet

Snow/Slush

Ice

Sand, Mud, Dirt, Oil

Other

Unknown

WEATHER 118

Clear

Cloudy

Rain

Snow

Fog, Smog, Smoke

Sleet, Hail
(Freezing Rain or Drizzle)

Blowing Sand, Soil,
Dirt, Snow

Severe Crosswinds

Other

Unknown

RELATION TO ROADWAY 117

On Roadway

Parking Lot or Private Property

Shoulder (Other than Shoulder within Median or Gore)

Median (Other than Median within Gore)

Outside Shoulder—Left

Outside Shoulder—Right

Off Roadway—Location Unknown

On Ramp

Gore (Area between Ramp & Highway)

Unknown

What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="radio"/> (1) (2) (3) (4) (5)	<input type="radio"/> (1) (2) (3) (4) (5)
<input type="radio"/> (6) (7) (8) (9) (10)	<input type="radio"/> (6) (7) (8) (9) (10)
<input checked="" type="radio"/> Going Straight	<input type="radio"/> (1)
<input type="radio"/> Making Left Turn	<input type="radio"/> (2)
<input type="radio"/> Making Right Turn	<input type="radio"/> (3)
<input type="radio"/> Slowing or Stopping	<input type="radio"/> (4)
<input type="radio"/> Stopped in Traffic	<input type="radio"/> (5)
<input type="radio"/> Legally Parked	<input type="radio"/> (6)
<input type="radio"/> Violating No Passing Zone	<input type="radio"/> (7)
<input type="radio"/> Illegally Parked	<input type="radio"/> (8)
<input type="radio"/> Parking Maneuver	<input type="radio"/> (9)
<input type="radio"/> Backing Maneuver	<input type="radio"/> (10)
<input type="radio"/> Changing Lanes	<input type="radio"/> (11)
<input type="radio"/> Overtaking on left	<input type="radio"/> (12)
<input type="radio"/> Overtaking on right	<input type="radio"/> (13)
<input type="radio"/> Making U Turn	<input type="radio"/> (14)
<input type="radio"/> Turning on red	<input type="radio"/> (15)
<input type="radio"/> Merging	<input type="radio"/> (16)
<input type="radio"/> Negotiating Curve	<input type="radio"/> (17)
<input type="radio"/> Other	<input type="radio"/> (18)

Traffic Control

Unit Number	Unit Number
<input checked="" type="radio"/> (1) (2) (3) (4) (5)	<input type="radio"/> (1) (2) (3) (4) (5)
<input type="radio"/> (6) (7) (8) (9) (10)	<input type="radio"/> (6) (7) (8) (9) (10)
<input checked="" type="radio"/> No Control	<input type="radio"/> (1)
<input type="radio"/> Traffic Signal Operating	<input type="radio"/> (2)
<input type="radio"/> Traffic Signal Flashing	<input type="radio"/> (3)
<input type="radio"/> Stop Sign	<input type="radio"/> (4)
<input type="radio"/> Stop Sign with Flasher	<input type="radio"/> (5)
<input type="radio"/> Warning	<input type="radio"/> (6)
<input type="radio"/> When sign with Flasher	<input type="radio"/> (7)
<input type="radio"/> Yield Sign	<input type="radio"/> (8)
<input type="radio"/> Traffic Control Person	<input type="radio"/> (9)
<input type="radio"/> Flashing Signal	<input type="radio"/> (10)
<input type="radio"/> Other	<input type="radio"/> (11)

FIELD

INSTRUCTIONS

108, 109, 110 & 111
ADDRESS, DATE OF BIRTH,
STATE, PHONE

Enter the witness's street address, date of birth, city, state, zip code and phone number.

112 - ACCESS CONTROL

Mark the bubble which best identifies the type of roadway access control for the ON HIGHWAY vehicle.

113 - ROAD TERRAIN

Part A: Mark the bubble which best identifies the horizontal road terrain at the point of impact. Mark only one bubble.

Part B: Mark the bubble which best identifies the vertical road terrain at the point of impact. Mark only one bubble.

114 - LIGHT CONDITION

Mark the bubble which best indicates the type of light condition present at the scene.

115- TRAFFIC WAY

Mark the bubble which best identifies the type of ON HWY traffic way.

116 - ROAD SURFACE
CONDITION

Mark the bubble which best identifies the road surface condition at the point of origin for the unit most at fault.

117 - RELATION TO
ROADWAY

Mark the bubble which best identifies where the accident occurred.

118 - WEATHER

Mark the bubble which best identifies the weather condition at the time of the accident.

119 - WHAT DRIVERS WERE
DOING

For each unit involved:

- 1) Mark the appropriate unit number, and
- 2) Mark the bubble that best describes what the operators/pedestrians of each unit were doing prior to the accident.

In the case of a legally parked vehicle, mark "6." When **illegally** parked, mark "8." For a driverless motor vehicle, mark "18."

120 - TRAFFIC CONTROL

For each unit involved:

- 1) Mark the appropriate unit number, and
- 2) Mark the appropriate bubble that best describes the type of traffic control present for the unit.

Item 9, "Traffic Control Person," includes police officer, crossing guard, flag person and other persons engaged in traffic control.

6829880

Document Number Override
121 6762842

Officer's Opinion of Possible Contributing Circumstances

Driver Factors	
Unit Number	Unit Number
<input checked="" type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤	<input type="radio"/> ① <input checked="" type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤
<input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> ⑨ <input type="radio"/> ⑩	<input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> ⑨ <input type="radio"/> ⑩
<input checked="" type="radio"/> N/A	<input type="radio"/> N/A
① Exceeding Speed Limit	①
② Speed too Fast/Condition	②
③ Fail to Yield Right of Way	<input checked="" type="radio"/>
④ Inattentive Driving	<input checked="" type="radio"/>
⑤ Following too Close	⑤
⑥ Improper Turn	⑥
⑦ Left of Center	⑦
⑧ Disregarded Traffic Control	⑧
⑨ Improper Overtaking	⑨
⑩ Unsafe Backing	⑩
⑪ Failure to have Control	⑪
⑫ Driver Condition	<input checked="" type="radio"/>
⑬ Physically Disabled	⑬
⑭ Other	⑭

Vehicle Factors	
Unit Number	Unit Number
<input checked="" type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤	<input type="radio"/> ① <input checked="" type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤
<input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> ⑨ <input type="radio"/> ⑩	<input type="radio"/> ⑥ <input type="radio"/> ⑦ <input type="radio"/> ⑧ <input type="radio"/> ⑨ <input type="radio"/> ⑩
<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/A
① Brake System	①
② Tires	②
③ Steering System	③
④ Turn Signals	④
⑤ Head Lamps	⑤
⑥ Stop Lamps	⑥
⑦ Tail Lamps	⑦
⑧ Disabled in Prior Accident	⑧
⑨ Other Disabled	⑨
⑩ Mirrors	⑩
⑪ Suspension System	⑪
⑫ Other	⑫

FIELD

121 - DOCUMENT NUMBER OVERRIDE

INSTRUCTIONS

If the accident involves 3 or more units, enter the original MV4000 accident report document number in this field and again in field 0, "Document Number Override" on page 1 of the MV4000 accident report form. Also, enter and mark the County, MUN/TWP and the accident date (i.e. fields 2,3 and 4) on each additional copy. Do NOT delete *or alter* the pre-printed document number or fill in the amended bubble.

If you are submitting an amended accident report, follow the amendment procedure outline on page 3 of this manual

OFFICER'S OPINION OF POSSIBLE CONTRIBUTING CIRCUMSTANCES

122 - DRIVER FACTORS

For each driver or pedestrian involved:

- 1) Mark the appropriate unit bubble, and
- 2) Mark all driver factors which may have contributed to this accident. Limit the use of bubble "14" "Other" to indicate factors not captured in bubbles "1-13" and EXPLAIN in the narrative. If none of the factors apply, mark the "NA" bubble for that unit.

Do NOT mark an "NA" bubble for a non-existent unit.

Actions taken by the officer when completing this field must be based on his/her training and experience.

Mark bubble "12" if you want to identify your entries in fields 88-91 as possible contributing circumstance(s) to the accident. ***Do not mark bubble "12" when field 88 is marked "Appeared Normal."***

123 - VEHICLE FACTORS

For each unit involved:

- 1) Mark the appropriate unit bubble, and
- 2) Mark all vehicle factor(s) that may have contributed this accident. Limit the use of bubble "12" "Other" to indicate factors not captured in bubbles "1-11" and EXPLAIN in the narrative. If none of the factors apply, mark the "NA" bubble for that unit.

Do NOT mark an "NA" bubble for a non-existent unit.

Actions taken by the officer when completing this field must be based on his/her training and experience.

Highway Factors		
Unit Number		Unit Number
<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		<input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	124	<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
<input checked="" type="radio"/> N/A		<input checked="" type="radio"/> N/A
<input type="radio"/> 1 Snow, Ice or Wet		<input type="radio"/> 1
<input type="radio"/> 2 Narrow shoulder		<input type="radio"/> 2
<input type="radio"/> 3 Low Shoulder		<input type="radio"/> 3
<input type="radio"/> 4 Soft Shoulder		<input type="radio"/> 4
<input type="radio"/> 5 Loose Gravel		<input type="radio"/> 5
<input type="radio"/> 6 Rough Pavement		<input type="radio"/> 6
<input type="radio"/> 7 Debris from Prior Accident		<input type="radio"/> 7
<input type="radio"/> 8 Other Debris		<input type="radio"/> 8
<input type="radio"/> 9 Sign Obscured or Missing		<input type="radio"/> 9
<input type="radio"/> 10 Narrow Bridge		<input type="radio"/> 10
<input type="radio"/> 11 Construction Zone		<input type="radio"/> 11
<input type="radio"/> 12 Visibility Obscured		<input type="radio"/> 12
<input type="radio"/> 13 Other		<input type="radio"/> 13

OFFICER INFORMATION

Last	First	M.I.
125 KLINKE	SGT	
Law Enforcement Agency Address		
126 517 COURT ST		
City & State		ZIP
127 NEILLSVILLE WI		54456
Phone Number		
128 (715) 743-3157		
Agency #	Enforcement Agency	Officer ID #
129	130 CLARK	131 525

Date Notified

MONTH	DAY	YEAR
<input checked="" type="radio"/> Jan	1	298
<input type="radio"/> Feb	2	98
<input type="radio"/> Mar	0	0 0
<input type="radio"/> Apr	1	1
<input type="radio"/> May	2	2
<input type="radio"/> June	3	3
<input type="radio"/> July	4	4
<input type="radio"/> Aug	5	5
<input type="radio"/> Sept	6	6
<input type="radio"/> Oct	7	7
<input type="radio"/> Nov	8	8
<input type="radio"/> Dec	9	9

FIELD

INSTRUCTIONS

124 - HIGHWAY FACTORS

For each unit involved:

- 1) Mark the appropriate unit bubble, and
- 2) Mark all highway factor(s) that may have contributed to this accident. Limit the use of bubble "13" "Other" to indicate factors not captured in bubbles "1-12" and EXPLAIN in the narrative. If none of the factors apply, mark the "NA" bubble for that unit.

Do NOT mark an "NA" bubble for a non-existent unit.

Actions taken by the officer when completing this field must be based on his/her training and experience.

OFFICER INFORMATION

125 - NAME

Enter the full name (e.g. Smith Tom J.) or the last name, first and middle initials (e.g. Smith T.J.), or the last name and rank (e.g. Smith Deputy) of the officer completing the accident report ***in the manner required by your agency.***

126 - STREET ADDRESS

Enter the law enforcement agency address.

127 - CITY, STATE, ZIP

Complete the agency address by entering the city, state and zip code.

128 - PHONE NUMBER

Enter the law enforcement agency phone number including the area code.

129 - AGENCY #

If required by your agency, enter the local precinct, sector, district, case number, etc.

130 - ENFORCEMENT
AGENCY

Enter the name of your law enforcement agency, followed by its standard 2 letter abbreviation (e.g. Vernon S O, Superior P D, Allouez P S, Town of Pewaukee P D, etc.).
Do Not use your 4 letter agency TTY identifier.

131 - OFFICER ID #

Print your officer badge or other I.D. number.

MONTH - DAY - YEAR

132 - DATE NOTIFIED

Mark the bubble which represents the MONTH in which you were notified of the accident.

**Time Notified
(Military Time)**

HOUR		MIN.	
2	2	1	9
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input checked="" type="radio"/> 1	<input type="radio"/> 1
<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input checked="" type="radio"/> 9	<input type="radio"/> 9

**Time Arrived
(Military Time)**

HOUR		MIN.	
2	2	2	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Date of Report

MONTH	DAY	YEAR	
<input checked="" type="radio"/> Jan	1	2	98
<input type="radio"/> Feb	135		
<input type="radio"/> Mar	0	0	0
<input type="radio"/> Apr	<input checked="" type="radio"/> 1		1
<input type="radio"/> May	2	<input checked="" type="radio"/> 2	
<input type="radio"/> June	<input type="radio"/> 3	<input type="radio"/> 3	3
<input type="radio"/> July	<input type="radio"/> 4		4
<input type="radio"/> Aug	<input type="radio"/> 5		5
<input type="radio"/> Sept	<input type="radio"/> 6		6
<input type="radio"/> Oct	<input type="radio"/> 7		7
<input type="radio"/> Nov	<input type="radio"/> 8		<input checked="" type="radio"/> 8
<input type="radio"/> Dec	9	<input checked="" type="radio"/> 9	

FIELD

INSTRUCTIONS

132 - DATE NOTIFIED, Cont.

Enter the two digit date you were notified of the accident in the boxes at the top of this field. Then, mark the appropriate bubbles.

Enter the year you were notified of the accident in the YEAR box. Then, mark the appropriate bubble.

133 - TIME NOTIFIED
(Military Time)

Enter the four digit military time at which you were notified of the accident in the boxes at the top of this area. Then, mark the appropriate bubbles.

Midnight is 2400. One minute after midnight is entered 0001. This is the start of the day. 9:17AM is 0917, 12:00 noon is 1200. Beginning with 1PM, add 12 to the hour to get the correct military time. Example: 1:00PM equals 1300 (1:00 + 12:00 = 13:00), 2:21PM equals 1421 (2:21 + 12:00 = 1421), and 10:05PM equals 2205 (10:05 + 12:00 = 2205).

"Time Notified" cannot precede the "Time of Accident."

134 - TIME ARRIVED
(Military Time)

Enter the military time at which you arrived at the accident in the boxes at the top of this area. Then, mark the appropriate bubbles.

The "military time" instructions in field 133 also apply to this field.

If there was no on-scene investigation of the accident: 1) Enter 0000 in the boxes at the top of this field, and 2) Mark all four "0" bubbles.

MONTH - DAY - YEAR

135 - DATE OF REPORT

Mark the bubble which represents the MONTH in which you completed the accident report.

Enter the two digit date you completed the accident report in the boxes at the top of this field. Then, mark the appropriate bubbles.

Enter the year you completed the accident report in the YEAR box. Then, mark the appropriate bubble.

"Date of Report" cannot precede the "Accident Date."

Truck & Bus Accident Information

When To Use This Section:	Did the accident involve: . . .
Part A	
A truck with at least two axles and six tires?	<input type="radio"/> Y <input checked="" type="radio"/> N
A truck with a hazardous materials placard?	<input type="radio"/> Y <input checked="" type="radio"/> N
A bus designed to carry 16 or more persons, including the driver?	<input checked="" type="radio"/> Y <input type="radio"/> N
<i>STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.</i>	
Part B	
Any person who was fatally injured?	<input checked="" type="radio"/> Y <input type="radio"/> N
Any injured person requiring transport for immediate medical treatment?	<input type="radio"/> Y <input checked="" type="radio"/> N
One or more vehicles that had to be towed from the scene as a result of the accident?	<input type="radio"/> Y <input checked="" type="radio"/> N
<i>STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section . . .</i>	

Hazardous Material Information	
137 • Hazardous Material Class Numbers (1-2digit):	<input type="text" value=""/> <input type="text" value="3"/>
• Hazardous Material "UN" Numbers (4 digit):	<input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="8"/> <input type="text" value="6"/>
• Hazardous Material Placard Displayed?	<input type="radio"/> Y <input checked="" type="radio"/> N
• Hazardous Cargo was Released?	<input type="radio"/> Y <input checked="" type="radio"/> N
List the Hazardous Material(s) by name in this load:	
<input type="text" value="HYDROGEN CHLORIDE"/>	
List the Name(s) of Released Hazardous Material(s):	
<input type="text" value="HYDROGEN CHLORIDE"/>	

FIELD

INSTRUCTIONS

TRUCK & BUS ACCIDENT INFORMATION

136 - WHEN TO USE THIS SECTION

If you marked the "Y" bubble for "Truck or Bus" in field 9, complete Part A, marking the "Y" and "N" bubbles, as appropriate. If you mark any "Y" bubbles in Part A, complete Part B. If all bubbles in Part A are marked "N," you do not need to complete the TRUCK AND BUS ACCIDENT INFORMATION.

If you mark any of the bubbles "Y" in Part B, complete the TRUCK AND BUS ACCIDENT INFORMATION section.

137 - HAZARDOUS MATERIALS INFORMATION

Hazardous Material Class Numbers

Enter the hazardous material class number(s). These can be found either in the shipping papers or in the bottom point of the hazardous material placard. This number is sometimes a two digit number with a decimal, such as an oxidizer which can have a class number of "5.1." If hazardous materials are not being transported, leave field 137 blank and go to field 138.

Hazardous Material "UN" Numbers

If the carrier is transporting hazardous materials, enter the four digit UN number from the shipping papers or placard. On cargo tanks, the UN number may also be found on an orange panel adjacent to the placard.

Hazardous Material Placard Displayed

Mark the "Y" bubble if a hazardous material placard is displayed on the vehicle. Mark the "N" bubble if a hazardous material placard is not displayed on the vehicle.

List Hazardous Materials Present

Enter the name(s) of the hazardous materials present in the load. If more space is needed, draw a small horizontal arrow and continue listing the materials in the accident narrative.

List Hazardous Materials Released

Enter the name(s) of released hazardous material(s). **Do not include fuel that powers the vehicle.** If more space is needed, draw a small horizontal arrow, and continue listing the released hazardous materials in the accident narrative.

Carrier Information	
• Interstate Carrier?	<input checked="" type="radio"/> N 138
Carrier Name	139 US TRUCKING

Carrier Identification Numbers		Source:
US DOT 140	123456-A	Vehicle Side 141 Shipping Papers Trip Manifest Driver <input checked="" type="radio"/> Log Book
LC	35791113	
ICC MC	B35164	
Carrier Address 142	802 MAIN ST NORWALK WI	
IC	6121824	









Vehicle Information

Gross Vehicle Weight Rating 143	80,000	LBS	Total # of Axles 144	5
---------------------------------	---------------	-----	----------------------	----------

Vehicle Configuration					
1 	3 	5 	7 	(9) Unknown Heavy Truck	
2 	4 	6 	8 	10 	

SEQUENCE OF EVENTS FOR THIS VEHICLE 145 (Mark a total of one to four events in the order that they occurred)

1 2 <input checked="" type="radio"/> 4 Ran off Road	1 <input checked="" type="radio"/> 3 4 Collision involving motor vehicle in transp.
1 2 3 <input checked="" type="radio"/> Jackknife	1 2 3 4 Collision involving parked motor vehicle
1 2 3 4 Overturn (Rollover)	1 2 3 4 Collision involving train
1 2 3 4 Downhill Runaway	<input checked="" type="radio"/> 2 3 4 Collision involving pedalcycle
1 2 3 4 Cargo Loss or Shift	1 2 3 4 Collision involving animal
1 2 3 4 Explosion or Fire	1 2 3 4 Collision involving fixed object
1 2 3 4 Separation of Units	1 2 3 4 Collision involving other object
1 2 3 4 Collision involving pedestrian	1 2 3 4 Other

Cargo Body Type	
1 	6 
2 	7 
<input checked="" type="radio"/> Cargo Tank	8 
4 	9 Other
5 	10 

FIELD

INSTRUCTIONS

CARRIER INFORMATION

138 - INTERSTATE CARRIER

Mark the "Y" bubble for any of the following:

- 1) An out-of-state driver, or
- 2) An out-of-state vehicle, or
- 3) US DOT or ICC MC#, or
- 4) A carrier with an out-of-state address, or
- 5) Any other indication that the driver crosses state lines.

Mark the "N" bubble if you do not find any of the above indicators.

139 - CARRIER NAME

Print the name of the motor carrier company from the first available source. The name of the carrier may be found printed on the vehicle's side, on the shipping papers, or by asking the driver.

140 - CARRIER
IDENTIFICATION
NUMBERS

Enter at least one of the numbers requested. Numbers can usually be found on the outside door panel of the power unit.

141 - SOURCE

Mark the appropriate bubble to indicate the source of the carrier name information listed in field 139.

142 - CARRIER ADDRESS

Enter the carrier's current address including city, state and zip code.

VEHICLE INFORMATION

143 - GROSS VEHICLE
WEIGHT RATING

Enter the vehicle's gross vehicle weight rating (GVWR) in pounds. This information may be found on the manufacturer's specification plate in the driver's door area, on the side of the vehicle, or by asking the driver.

144 - TOTAL # AXLES

Enter the total number of axles on the truck or bus; include the axles on the truck or bus, semi-trailers and trailers.

145 - VEHICLE
CONFIGURATION

Mark the bubble which best depicts the type and description of the vehicle involved in the accident.

146 - SEQUENCE OF EVENTS

Mark 1 to 4 bubbles (i.e. events) in the order in which they occurred to the truck or bus involved in the accident.

147 - CARGO BODY TYPE

Mark the bubble which best describes the cargo body type of the truck or bus involved in the accident.

Definitions

Access Control. An engineering term used to describe the level of vehicle access permitted on a highway or street.

1. No Control (Unlimited Access). Vehicles have few restrictions on entering or exiting the roadway. Examples: City streets, most state highways, all county trunk highways, parking lots, etc.
2. Full Control (Freeways) Vehicles are restricted to entry and exit at interchanges (ramps) only. A divided highway with 4 or more lanes. Examples: I-90, I-94, I-43, US 53 from Chippewa Falls to Trego, other freeway systems.
3. Partial Access (Expressway). Vehicle access is restricted to entry and exit only by ramp and/or "some" intersecting roads. A divided highway with 4 or more lanes. Examples: US Hwy 41 in Washington & Fond du Lac counties, US 18/151 between Dodgeville and Mount Horeb, etc.

Accident Is an occurrence that originates or terminates on a traffic way, which involves at least one motor vehicle in transport and results in injury or death to any person, or damage to property. (See TRANS 100, Wis. Admin. Code).

Bicyclist Any pedalcycle that is not motorized such as a bicycle, tricycle, unicycle, pedalcycle, etc.

C.A.D.R.E. Acronym for Critical Automated Data Reporting Elements. Created by the U.S. DOT in cooperation with the States, the C.A.D.R.E. data elements are designed to increase the analytical utility of accident data and foster uniform comparisons of accident characteristics between states.

Cardinal Direction The principal direction the traffic way was designed to travel. This may or may not be the same as the actual compass direction.

Condition (Driver) An observable state of being involving alcohol, drugs, physical disability, or some other condition that the officer is able to observe.

Construction Zone The distance between the first advance warning sign and the point beyond the work area where traffic is no longer affected.

Construction Zone Related Accident An accident resulting from an activity, behavior, or traffic control related to the construction zone but not necessarily within it.

Extricate To release from an entanglement or difficulty.

Farm Equipment Any equipment, not subject to registration, used in the operation of a farm.

Fatality Any injury received in a traffic accident which results in death within 30 days of the accident.

Fire The combustion, explosion or burning of an object.

Definitions

First Harmful Event The first occurrence of injury or damage.

Fixed Object Any object attached to the terrain. A fixed object can include a tree, boulder, utility pole, traffic signal, guard rail, bridge abutment, fence, building, ditch, culvert, embankment, etc.

Gore On a freeway or expressway, it is the area between the exit or entrance ramp and the mainline highway.

Injury Physical injury to a person resulting in death, the need of first aid, or attention by a physician or surgeon, regardless of whether first aid or medical attention was received (s. 346.70(1), Wis. Stats.).

Intersection The area within the prolongation of the lateral curb lines. If no curb exists, extend the lateral boundary lines of the roadway of two joined traffic ways.

Intersection-Related An accident resulting from an activity, behavior, or traffic control which affects a unit's movement in relation to an intersection, whether the point of origin or first harmful event occurred within the intersection or not.

Maintenance Vehicle Or Equipment Any unregistered motor vehicle or equipment used for the maintenance or construction of highways, farming, horse drawn buggy, etc.

Most Harmful Event The event which produces the greatest injury or damage.

Motor Vehicle In Operation Any motorized device moving persons or property from one place to another upon a highway or street.

Object On Road Any object on the roadway which is not considered a fixed object.

Occupant Passenger in or on a vehicle.

Other Animal Any domestic or wild animal, including flying birds.

Overturning Any motor vehicle which overturns causing an occurrence of injury or damage.

Parked Motor Vehicle (Legally) Any motor vehicle stopped, parked, disabled, or abandoned along the roadway where normal usage permits such stopping or parking outside the roadway traffic lanes.

Pedestrian Any person who is not in or upon a motor vehicle *or pedalcycle*. Pedestrians include persons operating manually or mechanically propelled wheelchairs, or other low-powered vehicles designed specifically for use by a physically disabled person.

Definitions

Point Of Origin The location point where an accident begins from an activity affecting a unit's movement.

Power Unit *Any automobile, truck, tractor, bus, motorcycle, moped, or any self-propelled or motor driven vehicle.*

Railway Train Any device operating under its own power in use upon a railway.

Traffic Barrier A permanent device (e.g., beamguard, guardrail or concrete barrier) that separates two different travel lanes.

Traffic Way Any premises open to the public as a matter of right or custom for use of their motor vehicles whether the premises are publicly or privately owned *and all premises provided by employers to employes for the use of their motor vehicles and all premises provided to tenants of rental housing in buildings of 4 or more units for the use of their motor vehicles whether such premises are publicly or privately owned and whether or not a fee is charged for the use thereof.*

Unit Any vehicle, pedestrian, bicyclist or equipment.

POWER UNIT LICENSE PLATE TYPES

Complete field 61 by entering the 3 letter abbreviation for plate type:

Amateur Radio	AMA	Dual Purpose Farm	DPF	Municipal General	MUN
Antique	ANT	Dual Purpose		Municipal Official	MNO
Apportioned		Vehicle	DPV	Special Design Veh	SDV
Veh.	APO	Farm-Regular	FRM	State Owned Veh	SOV
ABC Annual		Farm-Heavy	HFM	Special X	SPX
Truck	ATK	Finance Company	FNC	Special Mobile Equip	
Auto	AUT	U S Government	GOV	Z	SPZ
BX Bus	BBX	Hobbyist	HOB	Temporary Operation	TEM
School Bus	BSB	In-Transit	ITP	Tractor	TOR
Insert Bus	BUS	Lac du Flambeau		Insert Truck	TRK
Civilian Group	CVG	Tribe	LDF	In Transit Transporter	TST
Collector-Special	CLS	Medal of Honor	MDH	Disabled Vet	VET
Collector Veh.	COL	Menominee Nation	MEN	National Guard	WNG
Motorcycle	CYC	Manufacturer	MFG	University Group	
Dealer	DLR	Military Group	MLG	Plate	HEG
Demonstrator	DEM	Moped	MPD	WI State Patrol	WSP
Distributor	DST	Motor Home	MTM	Ex-POW	XPW
Driver Ed Veh	DEV	Municipal Cycle	MNC		
Disabled Person	DIS				

TRAILING UNIT LICENSE PLATE TYPES

Apportioned		Farm Trailer	FTL	Transfer Trailer	TFT
Trailer	APT	Insert Trailer	ITL	Out-of State Semi	
Annual Trailer	ATL	Mobile Home	MBH	(not apportioned)	TRL
Camping Trailer	CMP	Semitrailer	STL		

See also the "Wisconsin License and Motor Carrier Credentials Guide" for vehicle registration plate types.

TOWED UNIT INSTRUCTIONS

If a trailer or towed unit is involved in an accident, use the following abbreviations to identify the TOWED UNIT on the last line of the narrative:

AUTO = AUTO	FULL TRAILER = TRLR	SEMI TRAILER = SEMI
BUS = BUS	MOBILE HOME = MBHM	TRUCK = TRUK
EQUIPMENT = EQMT	RECREATIONAL = RECR	UTILITY TRAILER = UTIL

STATE ABBREVIATIONS

AL	Alabama	MT	Montana
AK	Alaska	NE	Nebraska
AZ	Arizona	NV	Nevada
AR	Arkansas	NH	New Hampshire
CA	California	NJ	New Jersey
CO	Colorado	NM	New Mexico
CT	Connecticut	NY	New York
DE	Delaware	NC	North Carolina
FL	Florida	ND	North Dakota
GA	Georgia	OH	Ohio
HI	Hawaii	OK	Oklahoma
ID	Idaho	OR	Oregon
IL	Illinois	PA	Pennsylvania
IN	Indiana	RI	Rhode Island
IA	Iowa	SC	South Carolina
KS	Kansas	SD	South Dakota
KY	Kentucky	TN	Tennessee
LA	Louisiana	TX	Texas
ME	Maine	UT	Utah
MD	Maryland	VT	Vermont
MA	Massachusetts	VA	Virginia
MI	Michigan	WA	Washington
MN	Minnesota	WV	West Virginia
MS	Mississippi	WI	Wisconsin
MO	Missouri	WY	Wyoming

INTERNATIONAL AND OTHER ABBREVIATIONS

AB	Alberta	FR	France
AE	Armed Forces - Europe, the Middle East and Canada	GE	Germany
AP	Armed Forces - Pacific	GU	Guam
AA	Armed Forces - Americas (except Canada)	GB	Great Britain
BC	British Columbia	MB	Manitoba
CN	Canada	MX	Mexico
CZ	Canal Zone	NB	New Brunswick
DC	District of Columbia	NS	Nova Scotia
		ON	Ontario
		OF	Other Foreign
		PE	Prince Edward Island
		PR	Puerto Rico
		PQ	Quebec
		SK	Saskatchewan
		US	US Government
		VI	Virgin Islands

APPENDIX 1

MOTOR VEHICLE TRAFFIC FATALITY REPORTING PROCEDURE

Agencies handling or investigating fatalities arising from fatal traffic accident must immediately direct a TIME Administrative Message to "MVFR" (Motor Vehicle Fatality Reporting) by the end of the working shift during which the fatality occurred. **We ask that all agencies implement reporting procedures that make timely reporting possible.**

1. DATE AND TIME OF ACCIDENT

Enter the day, date and time of accident indicating if the time is AM or PM.

example 1. Tuesday, December 2, 1997, 9:52 PM

2. NAME, SEX, DATE OF BIRTH, TIME AND DATE OF DEATH OF PERSON(S) KILLED

example 2. James P. Smith, Male, 06/15/54, Died 12/02/97 9:55 PM

3. CAN NAMES BE RELEASED TO PRESS? Yes or No

4. LOCATION OF ACCIDENT

Enter the roadway, county, municipality or township where the accident occurred.

example 3. STH 82, Adams County, Town of Jackson

5. TOTAL NUMBER AND TYPE OF UNITS INVOLVED

Vehicle types:	Auto	Equipment	Motorcycle
	Truck	Bicycle	Pedestrian
	Bus		

example 4. 3 vehicle accident, auto-motorcycle-auto

6. ROLE AND SAFETY EQUIPMENT USED BY PERSON(S) KILLED

Roles:	Driver	Passenger
	Motorcycle Driver	Bicyclist
	Pedestrian	

Safety Equipment:	Shoulder Belt Only Used
	Lap Belt Only Used
	Shoulder Belt and Lap Belt Used
	Child Safety Restraint Used
	Helmet Used
	Helmet and Eye Protection Used
	No Helmet-Eye Protection Only Used
	Airbag Deployed
	Restraint Use Unknown
	None Used

example 5. Role - Motorcycle Driver, Safety Equipment - Helmet Used

7. NAME OF INVESTIGATING ENFORCEMENT AGENCY

example 6. Adams County Sheriff's Department

APPENDIX 2

MOTOR VEHICLE FATAL SUPPLEMENT REPORT

Wisconsin Department of Transportation
MV3480 991

1. Document Number
(From MV4000)

ACCIDENT INFORMATION

2. Accident Date (Mo-Day-Yr)	3. No. of Travel Lanes	4. Time Ambulance NOTIFIED AM PM	5. Time Ambulance Arrived at SCENE AM PM	6. Time Ambulance Arrived at HOSPITAL AM PM
7. Roadway Surface Type 1 Concrete 2 Blacktop (Bituminous) 3 Brick or Block 4 Slag, Gravel or Stone 5 Dirt 8 Other	8. Roadway Profile 1 Level 2 Grade 3 Hillcrest 4 Sag	9. Special Jurisdiction 0 No Special Jurisdiction 1 National Park Service 2 Military 3 Indian Reservation 4 College/University Campus 5 Other Federal Properties	10. Relation To Roadway 1 On Roadway 2 Shoulder 3 Median 4 Roadside 5 Outside Right of Way 6 Off Roadway - Location Unknown 7 In Parking Lane 8 Gore	11. Trafficway Flow 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

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
Unit 1 Unit 2 Unit 3	Unit 1 Unit 2 Unit 3	Unit 1 Unit 2 Unit 3	Unit 1 Unit 2 Unit 3

SURVIVING DRIVER INFORMATION

Unit 1	NAME	First	MI	Last	17. Ejected Y/N	18. Extricated Y/N
19. Alcohol Test Given Y/N					<input type="checkbox"/>	<input type="checkbox"/>
20. Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown						
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"/>	<input type="checkbox"/>
23. Drug Test Type - Circle One Blood Urine						
24. Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown						
Unit 2	NAME	First	MI	Last	Ejected Y/N	Extricated Y/N
Alcohol Test Given Y/N					<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown						
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"/>	<input type="checkbox"/>
Drug Test Type - Circle One Blood Urine						
Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown						
Unit 3	NAME	First	MI	Last	Ejected Y/N	Extricated Y/N
Alcohol Test Given Y/N					<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown						
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"/>	<input type="checkbox"/>
Drug Test Type - Circle One Blood Urine						
Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown						

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"/>		AM PM
2.			<input type="checkbox"/>	<input type="checkbox"/>		AM PM
3.			<input type="checkbox"/>	<input type="checkbox"/>		AM PM
30. Officer Completing Report - Print Name			31. Officer ID No	32. Enforcement Agency Name		33. Report Date

APPENDIX 3

MV4000 Page # 1 Required Information for Unit Type 5 Vehicles or Bicycles
 (e.g. R.R. trains, farm tractors and self-propelled farm machinery, graders, snowmobiles, ATV's, golf carts, horse and buggy)

6852203

Amended Document On Emergency

Wisconsin Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS Please use a Black Ink Pen or #2 Pencil. Mark Areas as shown: Correct Mark: ● Incorrect Marks: ○, ✕, ✖ Reportable Accident: <input checked="" type="checkbox"/>	County	MUN/TWP	Accident Date			Time of Accident (Military Time)		Total Number			Hit & Run			Unit # Sheet No. Of
	40	57	MONTH	DAY	YEAR	HOUR	MIN.	UNITS	INJURED	KILLED	Y	Y	Y	
			Jan	1	1797	1	3	0	2	0	0	0	0	Y
			Feb	0	0	0	0	0	0	0	0	0	0	Y
			Mar	0	0	0	0	0	0	0	0	0	0	Y
			Apr	0	1	1	2	2	2	2	2	2	2	Y
			May	0	2	2	2	2	2	2	2	2	2	Y
			June	0	3	3	3	3	3	3	3	3	3	Y
			July	0	4	4	4	4	4	4	4	4	4	Y
			Aug	0	5	5	5	5	5	5	5	5	5	Y
			Sept	0	6	6	6	6	6	6	6	6	6	Y
			Oct	0	7	7	7	7	7	7	7	7	7	Y
			Nov	0	8	8	8	8	8	8	8	8	8	Y
			Dec	0	9	9	9	9	9	9	9	9	9	Y

ACCIDENT LOCATION

Public Highway, Intersection/Related
 Public Highway, Non-Intersection
 Parking Lot
 Private Property or Road

ON Hwy No. and / Street Name Estimated FT. M. **FROM/AT** Hwy No. and / Street Name

BEAVER CREEK RUN 0.4 N. **TIM DUFFY MEMORIAL PKY**

House # Fire # Other Agency Space Special Study

Unit Number Unit Type Total Number of Occupants Direction of Travel (Before the Accident) Unit Number Unit Type Total Number of Occupants Direction of Travel (Before the Accident)

Operator Last Name First M.I. Speed Limit Operator Last Name First M.I.

COX TAMMY R **BISCOBING LARRY A**

Address Street & Number City & State ZIP Phone Number

3343 ST JAMES PL **5212 WARGOLET WAY**

GREEN BAY WI 54303 555-2973 **CLARKSVILLE WI 53091 555-3243**

Driver's License Number State Exp. Year Driver's License Number State Exp. Year

C200-5367-0129-01 WI 99 **B300-2345-5678-02 WI 98**

Date of Birth Sex Operating as Class (Mark Only One) Endorse (Mark All That Apply) Date of Birth Sex Operating as Class (Mark Only One) Endorse (Mark All That Apply)

09-21-70 M **AS** A A **08-30-55** M **AS** A A

On Duty Accident CMV On Duty Accident CMV

Severity SEAT SAFETY AIRBAG EJECTED Severity SEAT SAFETY AIRBAG EJECTED

1 **1** **1** **1** **3** **3** **0** **1** **3**

TRAPPED EXTRICATED TRAPPED EXTRICATED

Vehicle Owner Last Name First M.I. Vehicle Owner Last Name First M.I.

COX ANDREW G **SUE LINE RAILROAD**

Street Address City & State ZIP Phone Number Street Address City & State ZIP Phone Number

5664 S ADAMS DR **MILWAUKEE WI 53219 555-9760** **33744 BALLERING TER** **JACOBS WI 53093 555-0200**

Year of Vehicle Make Model Body Style Color Year of Vehicle Make Model Body Style Color

93 PONT SUN 2 DR MAR **LIONEL ELECTRIC TRAIN**

Vehicle ID Number License Plate Number Plate Type State Exp. Year Vehicle ID Number License Plate Number Plate Type State Exp. Year

1G33D15H0P8536797 **H823LB** **AUT** **WI 98**

Policy Holder's Name Liability Insurance Company State # Policy Holder's Name Liability Insurance Company State #

ALLSTATE **346.44 (2)** **ALLSTATE**

Occupant Unit Number NAME Last First M.I. Date of Birth Sex Severity SEAT SAFETY AIRBAG

GASZAK JULIE A **04-17-60** F **3** **1** **1**

Address Street & Number City & State ZIP Address Same as Operator TRAPPED EXTRICATED Agency Space EMS Number

275 LESNIEWSKI LA **PRADARELLVILLE WI 54911** **Yes** **1** **1** **Agc DW** **1296**

APPENDIX 4

EMERGENCY VEHICLE INVOLVEMENT

MV3347 190

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

Telephone: (608) 266-8753

Full Name of Driver of Emergency Vehicle		Driver License Number	
Address (Street)	City	State	Zip Code
Accident Date	Accident Location	County	City
Full Name of Driver - Vehicle No. 2		Driver License Number	
Address (Street)	City	State	Zip Code
Full Name of Driver - Vehicle No. 3		Driver License Number	
Address (Street)	City	State	Zip Code

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

- The vehicle s/he was operating was legally parked under the exemptions in s.346.03, Wis. Stats., with the flashing, oscillating, or rotating red lights in use.
- 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:

X

(Department Head or Designee)

(Department Name)

(Date)

APPENDIX 5
Abbreviated Car/Deer Accident Report

Complete Fields 1 - 6, 11, and 14 - 37. Remaining fields on this side may be left blank.

6829984
 Document Number Override

Wisconsin Motor Vehicle Accident Report

Attended Document On Emergency

INSTRUCTIONS
 Please use a black ink pen or #2 pencil.
 Mark areas as shown:
 Correct Mark Incorrect Mark

County	MONTH	DAY	YEAR	Hour	MIN	SECS	VEHICLE	PERSONS	KILLED
44	14	01	97	06	50	01			

Accident Date Time of Accident (Military Time)

Unit # Hit & Run Government Property Fire (Narrative) Photos Taken (Narrative) Trailer or Towed (Narrative) Truck or Bus (Last Page) Load Spillage Construction Zone Names Exchanged

Sheet No. Of

ACCIDENT LOCATION
 Public Highway, Intersection-Related
 Public Highway, Non-Intersection
 Parking Lot
 Private Property or Road

ON Hwy No. and / Street Name Estimated FROM/AT Hwy No. and / Street Name
 LTH M 3 STH 54

House # Fire # Other Agency/Phone # Special Code
 17 97-113-542

Unit Number Unit Type Total Number of Occupants Direction of Travel (Before the Accident)

OPERATOR Last Name First Name M.I. OPERATOR Last Name First Name M.I.
 DOE JOHNATHAN A

ADDRESS Street & Number City & State ZIP Phone Number
 W 9627 BUCK RD BEAR CREEK WI 53002 752-4846

Driver's License Number State Exp. Year
 D856-784-9753-04 WI 01

Sex Operating as Classified Class (Mark Only One) Endorse (Mark All That Apply)
 M Operating as Classified A

On Duty Accident Police EMT/First Responder Fire Fighter Winter Heavy Maintenance

Severity SEAT Position SAFETY Equipment AIRBAG EJECTED

TRAPPED/EXTRACTED 1 Not Applicable 2 Not Trapped 3 Trapped/Extracted 4 Trapped/Not Extracted 5 Unknown Medical Transport

Vehicle Owner Last Name First M.I. Vehicle Owner Last Name First M.I.

Street Address Street Address

City & State ZIP Phone Number City & State ZIP Phone Number

Year of Vehicle Make Model Body Style Color Year of Vehicle Make Model Body Style Color

Vehicle ID Number Vehicle ID Number

License Plate Number Plate Type State Exp. Year License Plate Number Plate Type State Exp. Year

Policy Holder's Name Policy Holder's Name State Liability Insurance Company State # Liability Insurance Company State #

Occupant Unit Number NAME Last First M.I. Date of Birth Sex Severity SEAT Position SAFETY Equipment AIRBAG

ADDRESS Street & Number City & State ZIP

Address Same as Operator EJECTED 1 Not Applicable 2 Not Ejected 3 Partially Ejected 4 Not Ejected 5 Unknown TRAPPED/EXTRACTED 1 Not Applicable 2 Not Trapped 3 Trapped/Extracted 4 Trapped/Not Extracted 5 Unknown Medical Transport Agency Space

MV4000 1296 EMS Number

APPENDIX 5

Complete fields 80 and 81. Remaining fields may be left blank.

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I. Date of Birth Sex	SEVERITY A B C	SEAT Position Y N	SAFETY Equipment Y N	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown	ADDRESS Street & Number City & State ZIP
Address Same as Operator Yes No	EJECTED 1 Not Applicable 2 Not Ejected 3 Yesly Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown		Medical Transport Y N	Agency Space Y N
Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I. Date of Birth Sex	SEVERITY A B C	SEAT Position Y N	SAFETY Equipment Y N	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown	ADDRESS Street & Number City & State ZIP
Address Same as Operator Yes No	EJECTED 1 Not Applicable 2 Not Ejected 3 Yesly Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown		Medical Transport Y N	Agency Space Y N

Type of Accident

03 First Harnahl Event

Unit Number: 1 2 3 4 5 6 7 8 9 10

Unit Number: 1 2 3 4 5 6 7 8 9 10

(one per vehicle)

Collision With Object Not Fixed

01 Motor Vehicle in Transport 07
 02 Parked Motor Vehicle 08
 03 Deer 09
 04 Pedologic 10
 05 Pedestrian 11
 06 Railway Train 12
 08 Other Animal 13
 09 Motor Vehicle in Transport In Other Roadway 14
 10 Other Object (Not Fixed) 15

Collision With Fixed Object

16 Traffic Sign Post 22
 17 Traffic Signal 23
 18 Utility Pole 24
 19 Lum. Light Support 25
 20 Other Post 26
 21 Tree 27
 22 Mailbox 28
 23 Guardrail Face 29
 24 Guardrail End 30
 25 Median Barrier 31
 26 Bridge Parapet End 32
 27 Bridge/Pier/Abut. 33
 28 Impact Attenuator 34
 29 Overhead Sign Post 35
 30 Bridge Rail 36
 31 Culvert 37
 32 Ditch 38
 33 Carb 39
 34 Embankment 40
 35 Fence 41
 36 Other Fixed Object 42
 37 Unknown 43

Non-Collision

38 Overtum 44
 39 Fire/Explosion 45
 40 Immersion 46
 41 Jackknife 47
 42 Other Non-Collision 48

Driver Condition

Unit Number: 1 2 3 4 5 6 7 8 9 10

Unit Number: 1 2 3 4 5 6 7 8 9 10

Driver Factors (Or Pedestrians)

01 Appeared Normal 07
 02 Reduced Alertness 08
 03 Ability Impaired 09
 04 Not Observed 10

Presence

05 Neither Alcohol nor Drugs Present 11
 06 Yes—Alcohol Present 12
 07 Yes—Drugs Present 13
 08 Yes—Alcohol & Drugs Present 14
 09 Unknown 15

Alcohol

AC Value: [] []

10 Test Not Given 16
 11 Test Refused 17
 12 Test Given, Alcohol Unknown 18
 13 Test Given, No Alcohol Reported 19

Drugs

14 Test Not Given 20
 15 Test Refused 21
 16 Test Given, Drugs Unknown 22
 17 Test Given, No Drugs Reported 23
 18 Drugs Reported (Specify Below) 24

19 Marijuana 25
 20 Cocaine 26
 21 Opiates 27
 22 Amphetamines 28
 23 PCP 29
 24 Other Drug/Medication Type Unknown 30

Unit # 1 2 3 4 5 6 7 8 9 10

Pedestrian

Location
 01 In Crosswalk 02 In Roadway 03 Not in Roadway 04 On Sidewalk

Action
 01 Walking not Facing Traffic 02 Disregarded Signal 03 Darting into Road 04 Dark Clothing 05 Walking Facing Traffic

Manner of Collision

01 No Collision with Motor Vehicle in Transport
 02 Rear-end
 03 Head On
 04 Rear to Rear
 05 Angle
 06 Sideswipe, Same Direction
 07 Sideswipe, Opposite Direction
 08 Unknown

Unit # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

01 None
 02 Undercarriage
 03 Total (Damage to all Areas)
 04 Other
 05 Unknown

Extent of Damage

01 None 02 Severe
 03 Very Minor 04 Very Severe
 05 Minor 06 Unknown
 07 Moderate

Vehicle Towed Due to Damage: Y N

Vehicle Removed By: [] [] [] [] [] [] [] [] [] []

Unit # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

01 None
 02 Undercarriage
 03 Total (Damage to all Areas)
 04 Other
 05 Unknown

Extent of Damage

01 None 02 Severe
 03 Very Minor 04 Very Severe
 05 Minor 06 Unknown
 07 Moderate

Vehicle Towed Due to Damage: Y N

Vehicle Removed By: [] [] [] [] [] [] [] [] [] []

Fixed Object Struck Line # Line # Line # Line #	PROPERTY Last First M.I. OWNER	ADDRESS Street & Number City & State ZIP Phone Number ()
Govt. Damage Tag #		

APPENDIX 5

Complete fields 125 - 132 and 135 on this side. Remaining fields may be left blank.

6829984

Document Number Override

Officer's Opinion of Possible Contributing Circumstances

Driver Factors		Vehicle Factors		Highway Factors	
Unit Number	Unit Number	Unit Number	Unit Number	Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
N/A	N/A	N/A	N/A	N/A	N/A
1	Exceeding Speed Limit	1	Brake System	1	Snow, Ice or Wet
2	Speed too Fast/Condition	2	Tires	2	Narrow shoulder
3	Fail to Yield/Right of Way	3	Steering System	3	Low Shoulder
4	Inattentive Driving	4	Turn Signals	4	Soft Shoulder
5	Following too Close	5	Head Lamps	5	Loose Gravel
6	Improper Turn	6	Stop Lamps	6	Rough Pavement
7	Left of Center	7	Tail Lamps	7	Debris from Prior Accident
8	Disregarded Traffic Control	8	Disabled in Prior Accident	8	Other Debris
9	Improper Overtaking	9	Other Disabled	9	Sign Obscured or Missing
10	Unsafe Backing	10	Mirrors	10	Narrow Bridge
11	Failure to have Control	11	Suspension System	11	Construction Zone
12	Driver Condition	12	Other	12	Visibility Obscured
13	Physically Disabled			13	Other
14	Other				

OFFICER INFORMATION Last: <u>BARRINGTON</u> First: <u>BART J</u> M.I.: <u></u> Law Enforcement Agency Address: City & State: <u>ARLINGTON VA 22201</u> Phone Number: <u>(703) 833-5605</u> Agency # <u>152</u> Enforcement Agency <u>OUTLAWMESO 261</u> Officer ID # <u></u>	Date Notified MONTH: <u>01</u> DAY: <u>19</u> YEAR: <u>97</u>	Time Notified (Military Time) HOUR: <u>13</u> MIN: <u>00</u>	Time Arrived (Military Time) HOUR: <u>13</u> MIN: <u>00</u>	Date of Report MONTH: <u>01</u> DAY: <u>19</u> YEAR: <u>97</u>
--	---	--	---	--

Truck & Bus Information When to Use This Section: <i>Did the accident involve...</i> A truck with at least two axles and six tires? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO A truck with a hazardous materials placard? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO A bus designed to carry 16 or more persons, including the driver? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B. Part B Any person who was fatally injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Any injured person requiring transport for immediate medical treatment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO One or more vehicles that had to be towed from the scene as a result of the accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...	Hazardous Material Information • Hazardous Material Class Numbers (1-2digit): <u></u> • Hazardous Material "UN" Numbers (4 digit): <u></u> • Hazardous Material Placed Displayed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • Hazardous Cargo was Released? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO List the Hazardous Material(s) by name in this load: <u></u> List the Name(s) of Released Hazardous Material(s): <u></u>
--	---

Carrier Information • Interstate Carrier? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Carrier Name: <u></u>	Carrier Identification Numbers US DOT: <u></u> IIC: <u></u> ICC/MC: <u></u> IC: <u></u> Carrier Address: <u></u>	SOURCE: <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Log Book
--	--	--

Vehicle Information Vehicle Configuration: 1. <u>Single Unit - 2 axles, 4 tires</u> 2. <u>Truck Trailer</u> 3. <u>Tractor Trailer</u> 4. <u>Tractor Trailer</u> 5. <u>Tractor Trailer</u> 6. <u>Tractor Trailer</u> 7. <u>Tractor Trailer</u> 8. <u>Tractor Trailer</u> 9. <u>Tractor Trailer</u> 10. <u>Tractor Trailer</u> SEQUENCE OF EVENTS FOR THIS VEHICLE: 1. 2. 3. 4. <u>Ran off Road</u> 1. 2. 3. 4. <u>Jackknife</u> 1. 2. 3. 4. <u>Overturn (Rollover)</u> 1. 2. 3. 4. <u>Downhill Runaway</u> 1. 2. 3. 4. <u>Cargo Loss or Shift</u> 1. 2. 3. 4. <u>Explosion or Fire</u> 1. 2. 3. 4. <u>Separation of Units</u> 1. 2. 3. 4. <u>Collision involving pedestrian</u> 1. 2. 3. 4. <u>Collision involving motor vehicle in transit</u> 1. 2. 3. 4. <u>Collision involving parked motor vehicle</u> 1. 2. 3. 4. <u>Collision involving train</u> 1. 2. 3. 4. <u>Collision involving pedalcycle</u> 1. 2. 3. 4. <u>Collision involving animal</u> 1. 2. 3. 4. <u>Collision involving fixed object</u> 1. 2. 3. 4. <u>Collision involving other object</u> 1. 2. 3. 4. <u>Other</u>	Cargo Body Type 1. <u>Box</u> 2. <u>Flatbed</u> 3. <u>Garage/Refr</u> 4. <u>Garage/Refr</u> 5. <u>Garage/Refr</u> 6. <u>Garage/Refr</u> 7. <u>Garage/Refr</u> 8. <u>Garage/Refr</u> 9. <u>Garage/Refr</u> 10. <u>Garage/Refr</u> 11. <u>Garage/Refr</u> 12. <u>Garage/Refr</u> 13. <u>Garage/Refr</u> 14. <u>Garage/Refr</u> 15. <u>Garage/Refr</u> 16. <u>Garage/Refr</u> 17. <u>Garage/Refr</u> 18. <u>Garage/Refr</u> 19. <u>Garage/Refr</u> 20. <u>Garage/Refr</u>
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APPENDIX 6

MV4000 Page # 1 Required Information for Hit & Run Vs. Legally Parked Accident

Amended Document		On Emergency		6829889										
Wisconsin Motor Vehicle Accident Report		Document Number Override												
INSTRUCTIONS Please use a Black Ink Pen or #2 Pencil. Mark Areas as shown: Correct Mark: ● Incorrect Marks: ✗, ○, / Reportable Accident: <input checked="" type="checkbox"/>	County	MUN/TWP	Accident Date			Time of Accident (Military Time)		Total Number			Hit & Run			Unit #
	13	73	MONTH	DAY	YEAR	HOUR	MIN.	UNITS	INJURED	KILLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
	0 0	0 0	Jan	1	1998	00	46	02	00	00	Y	Y	Y	Sheet No. Of
	1 1	1 1	Feb	2	2	1	1	1	1	1	Y	Y	Y	1 1
	2 2	2 2	Mar	3	3	2	2	2	2	2	Y	Y	Y	
	3 3	3 3	Apr	4	4	3	3	3	3	3	Y	Y	Y	
	4 4	4 4	May	5	5	4	4	4	4	4	Y	Y	Y	
	5 5	5 5	June	6	6	5	5	5	5	5	Y	Y	Y	
	6 6	6 6	July	7	7	6	6	6	6	6	Y	Y	Y	
	7 7	7 7	Aug	8	8	7	7	7	7	7	Y	Y	Y	
	8 8	8 8	Sept	9	9	8	8	8	8	8	Y	Y	Y	
	9 9	9 9	Oct			9	9	9	9	9	Y	Y	Y	
			Nov								Y	Y	Y	
			Dec								Y	Y	Y	
ACCIDENT LOCATION <input type="checkbox"/> Public Highway, Intersection/Related <input checked="" type="checkbox"/> Public Highway, Non-Intersection <input type="checkbox"/> Parking Lot <input type="checkbox"/> Private Property or Road														
LATITUDE (GPS) Degrees: Minutes: Seconds: LONGITUDE (GPS) Degrees: Minutes: Seconds:														
ON Hwy No. and / Street Name Estimated FROM/AT Hwy No. and / Street Name														
120.0 NORTH ORCHARD ST														
House # Utility # Fire # Railroad # Other Agency Space Special Study														
Unit Number Unit Type Total Number of Occupants Direction of Travel Unit Number Unit Type Total Number of Occupants Direction of Travel														
H+R LEGALLY PARKED														
Speed Limit OPERATOR Last Name First M.I. Speed Limit OPERATOR Last Name First M.I.														
ADDRESS Street & Number ADDRESS Street & Number														
City & State ZIP Phone Number City & State ZIP Phone Number														
Driver's License Number State Exp. Year Driver's License Number State Exp. Year														
Date of Birth Sex Operating as Classified: Class Endorse Date of Birth Sex Operating as Classified: Class Endorse														
On Duty Accident On Duty Accident														
Severity SEAT SAFETY AIRBAG EJECTED Severity SEAT SAFETY AIRBAG EJECTED														
TRAPPED/ EXTRICATED TRAPPED/ EXTRICATED														
Vehicle Owner Last Name First M.I. Vehicle Owner Last Name First M.I.														
Street Address Street Address														
City & State ZIP Phone Number City & State ZIP Phone Number														
Year of Vehicle Make Model Body Style Color Year of Vehicle Make Model Body Style Color														
MAZDA 2DR BLK 93 CHEV BLAZER 4DR TRQ														
Vehicle ID Number Vehicle ID Number														
1F3EFG09876543210														
License Plate Number Plate Type State Exp. Year License Plate Number Plate Type State Exp. Year														
ABC123 AUT WI 98														
Policy Holder's Name Same Y N Policy Holder's Name Same Y N														
Liability Insurance Company Stat. # Liability Insurance Company Stat. #														
CANADIAN FAMILY														
Occupant Unit Number NAME Last First M.I. Date of Birth Sex Severity SEAT SAFETY AIRBAG														
Address Same as Operator EJECTED TRAPPED/ EXTRICATED														
MV4000 1296 EMS Number														

APPENDIX 7

MV4000 Page #1 Required Information for a Pedestrian Accident

6829886
 Document Number Override

Amended Document On Emergency

Wisconsin Motor Vehicle Accident Report

INSTRUCTIONS
Please use a Black Ink Pen or #2 Pencil.
Mark Areas as shown:
Correct Mark:
Incorrect Marks:

County: **40** MUN/TWP: **57**

Accident Date: MONTH DAY YEAR
04 98

Time of Accident (Military Time): HOUR MIN.
1 00 5

Total Number: UNITS INURED SHIELD
02 01 00

Hit & Run: Unit # _____
 Government Property:
 Fire (Narrative): Sheet No. _____
 Photos Taken (Narrative): Of _____
 Trailer or Towed (Narrative):
 Truck or Bus (Last Page):
 Load Spillage:
 Construction Zone:
 Names Exchanged: Y N

ACCIDENT LOCATION

Public Highway, Intersection/Related
 Public Highway, Non-Intersection
 Parking Lot
 Private Property or Road

LATITUDE (GPS) Degrees: Minutes: Seconds: **LONGITUDE (GPS)** Degrees: Minutes: Seconds:

ON Hwy No. and / Street Name Estimated FT. MI. FROM/AT Hwy No. and / Street Name

WEST SILVER SPRING DR **NORTH 64TH ST**

House # Fire # Other Agency Space Special Study

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
2 3 4 5 6 7 8 9 10	1 2 3 4	0 1 2 3 4 5 6	N S E W	1 2 3 4 5 6 7 8 9 10	1 2 3 4	0 1 2 3 4 5 6	N S E W

Speed Limit OPERATOR Last Name First M.I. Speed Limit OPERATOR Last Name First M.I.

0 **CITIZEN** **JOHN** **Q** **0** **SMITH** **MARY** **L.**

ADDRESS Street & Number City & State ZIP Phone Number ADDRESS Street & Number City & State ZIP Phone Number

8400 W CAPITOL DR **MILWAUKEE WI** **53222** **555-6789** **1234 W WISCONSIN AVE** **MILWAUKEE WI** **53211** **555-1234**

Driver's License Number State Exp. Year Driver's License Number State Exp. Year

C300-2345-6789-01 WI **01** **01** **S100-9876-5432-01 WI** **99**

Date of Birth Sex Operating Class (Mark Only One) Endorse (Mark All That Apply) Date of Birth Sex Operating Class (Mark Only One) Endorse (Mark All That Apply)

6-21-56 **M** **AS** **A** **A** **12-03-65** **F** **AS** **A** **A**

On Duty Accident Police EMT First Responder Fire Fighter Winter Hwy Maintenance On Duty Accident Police EMT First Responder Fire Fighter Winter Hwy Maintenance

Severity SEAT Position SAFETY Equipment AIRBAG EJECTED Severity SEAT Position SAFETY Equipment AIRBAG EJECTED

1 **1** **1** **1** **1** **15** **8** **1** **1** **1** **15** **8** **1** **1** **1**

TRAPPED/EXTRICATED Not Applicable Trapped/Extricated Unknown Medical Transport TRAPPED/EXTRICATED Not Applicable Trapped/Extricated Unknown Medical Transport

Vehicle Owner Last Name First M.I. Vehicle Owner Last Name First M.I.

Street Address Street Address

City & State ZIP Phone Number City & State ZIP Phone Number

Year of Vehicle Make Model Body Style Color Year of Vehicle Make Model Body Style Color

96 **FORD** **TAURUS** **4DR** **DBL** **96** **FORD** **TAURUS** **4DR** **DBL**

Vehicle ID Number Vehicle ID Number

2FGHKL0123456789 **2FGHKL0123456789**

License Plate Number Plate Type State Exp. Year License Plate Number Plate Type State Exp. Year

XYZ012 **AUT** **WI** **99** **XYZ012** **AUT** **WI** **99**

Policy Holder's Name Policy Holder's Name

Liability Insurance Company Stat. # Liability Insurance Company Stat. #

FARM STATES **1** **FARM STATES** **1**

Occupant Unit Number NAME Last First M.I. Date of Birth Sex Severity SEAT Position SAFETY Equipment AIRBAG

ADDRESS Street & Number City & State ZIP ADDRESS Street & Number City & State ZIP ADDRESS Street & Number City & State ZIP ADDRESS Street & Number City & State ZIP

Address Same as Operator EJECTED TRAPPED/EXTRICATED Agency Space

Yes **1** **1** **Y** **Yes** **1** **1** **Y** **Yes** **1** **1** **Y**

No **2** **2** **N** **No** **2** **2** **N** **No** **2** **2** **N**

MV1000 1296 EMS Number

APPENDIX 8

STANDARD ABBREVIATIONS FOR STREETS, AVENUES, ETC.

Avenue	AVE	Island	IS
		Islands	ISS
Bend	BND		
Boulevard	BLVD	Junction	JCT
Box	BOX		
Bridge	BRG	Lake	LK
Brook	BRK	Lakes	LKS
Building	BLDG	Lane	LN
Causeway	CSWY	Manor	MNR
Center	CTR	Meadows	MDWS
Circle	CIR		
Corner	COR	Park	PARK
Corners	CORS	Parkway	PKY
Court	CT	Pass	PASS
Courts	CTS	Path	PATH
Creek	CRK	Pike	PIKE
Crescent	CRES	Place	PL
Crossing	XING	Point	PT
Drive	DR	Ridge	RDG
		Road	RD
Estates	EST	Row	ROW
Expressway	EXPY	Run	RUN
Freeway	FWY	Station	STA
		Street	ST
Gardens	GDNS	Summit	SMT
Gateway	GTWY		
Glen	GLN	Terrace	TER
Grove	GRV	Trail	TRL
		Turnpike	TPKE
Heights	HTS		
Highway	HWY	Way	WAY
Hill	HL		
Hills	HLS		

APPENDIX 9



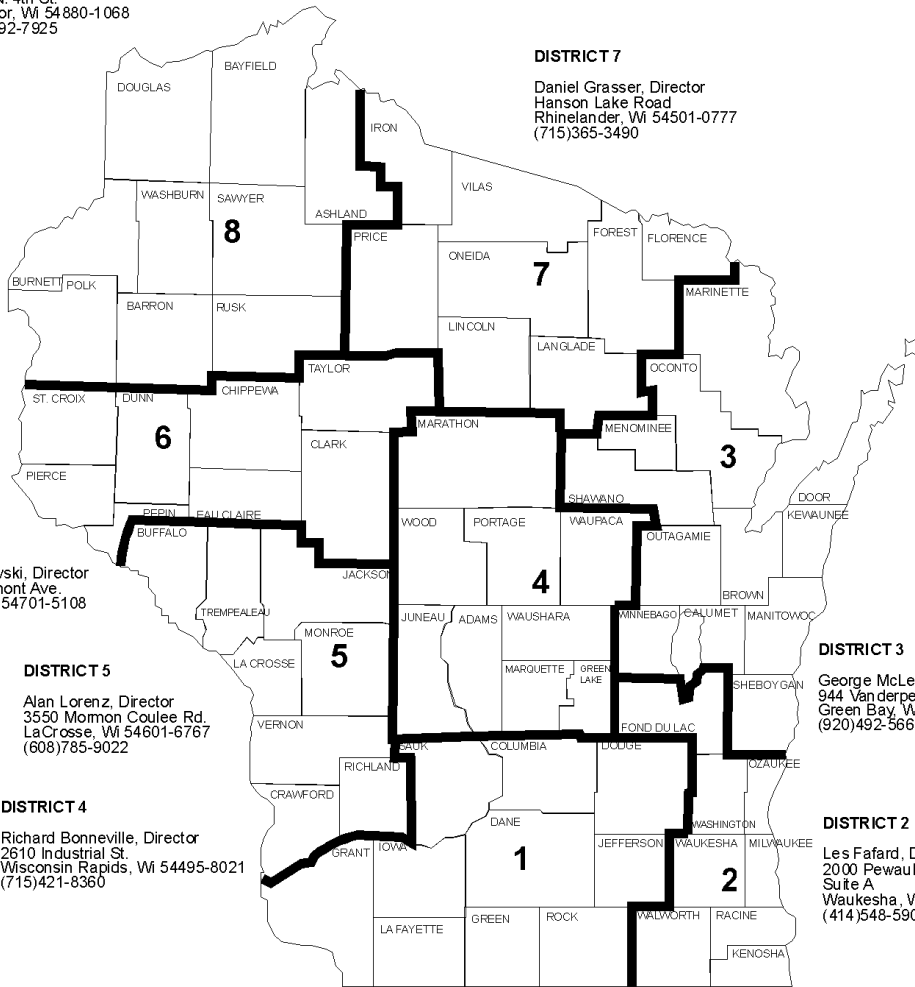
Wisconsin Department of Transportation Transportation Districts

DISTRICT 8

Eugene McDonald, Director
1701 N. 4th St.
Superior, WI 54880-1068
(715)392-7925

DISTRICT 7

Daniel Grasser, Director
Hanson Lake Road
Rhineland, WI 54501-0777
(715)365-3490



DISTRICT 6

Donald Gutkowski, Director
718 W. Clairemont Ave.
Eau Claire, WI 54701-5108
(715)836-2891

DISTRICT 5

Alan Lorenz, Director
3550 Momon Coulee Rd.
LaCrosse, WI 54601-6767
(608)785-9022

DISTRICT 4

Richard Bonneville, Director
2610 Industrial St.
Wisconsin Rapids, WI 54495-8021
(715)421-8360

DISTRICT 3

George McLeod, Director
944 Vanderperren Way
Green Bay, WI 54324-0080
(920)492-5665

DISTRICT 2

Les Fafard, Director
2000 Pewaukee Road
Suite A
Waukesha, WI 53187-0791
(414)548-5902

DISTRICT 1

Thomas Carlsen, Director
2101 Wright Street
Madison, WI 53704-2583
(608)246-3800

Exterior Vehicle Damage Appraisal Guide

This guide is intended for use as a tool to assist in determining whether the vehicle damage caused by the accident meets or exceeds the \$1,000 threshold.

Standard Vehicles

Escort,Cavalier,Civic Accord
Camry,Bonneville,Explorer
Taurus,Voyager,Dodge Ram

Luxury Vehicles

Lincoln, Cadillac,Mercedes
Lexus,Corvette

<i>Part Type</i>	<i>Minor</i>	<i>Major</i>		<i>Minor</i>	<i>Major</i>
Front Bumper	350	650		650	1050
Grille, Header & HL	300	450		350	550
Radiator	450	450		600	600
Hood	350	600		600	950
Front Fender	300	500		400	650
Windshield	350	350		350	350
Door	600	1000		750	1250
Roof	750	1250		750	1250
Rear Quarter Panel	750	1250		750	1250
Trunk Lid	450	750		650	1100
Rear Bumper	400	650		550	950
Wheel-Tire-Cap	250	250		450	450
Air Bag Deployed	1500	1500		1500	1500
Front Suspension (one-side)	750	750		1450	1450
Complete Front End Sheet Metal	1150	2500		1500	4500
Complete Rear End Sheet Metal	1350	3100		1850	4850

**Major* - Cost includes replacement of the parts and labor (installation and/or for refinishing), and cost figures are rounded off.

* *Minor* - Cost includes the replacement of some of the components, repairing some of the components and labor (installation/repair, and/or refinishing), and cost figures are rounded off.

* After January 1, 1999, it is recommended that you add 10 percent to the totals to adjust for annual price increases.