

# MINNESOTA MOTOR VEHICLE ACCIDENT REPORT

PS 32001 - 08

The information on this report is used to help build safer roads.

Every driver in a crash involving \$1,000 or more in property damage, or injury or death, **MUST COMPLETE** this form and send it to **Driver and Vehicle Services** within 10 days. Failure to provide this information is a misdemeanor under Minnesota Statute 169.09, subdivision 7. See reverse side for address and for data privacy information.

## DRIVER'S TRAFFIC ACCIDENT REPORT

E-form available at [www.mndriveinfo.org](http://www.mndriveinfo.org)

DO NOT DETACH

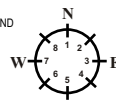
<b>A</b> T I M E - P L A C E	DATE OF ACCIDENT	MONTH	DAY	YEAR	DAY OF WEEK	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	TOTAL # OF VEHICLES INVOLVED	COUNTY	NAME OF CITY OR TOWNSHIP <input type="checkbox"/> CITY <input type="checkbox"/> TWP
	<b>ACCIDENT OCCURRED</b> (Choose only one box below and proceed to the right)		LOCATION OF ACCIDENT:							
	<input type="checkbox"/> AT INTERSECTION	→	ON: _____ (Street Name or Road Number)				AT: _____ (Street Name or Road Number)			
<b>B</b> M Y V E H I C L E	DRIVER'S FULL NAME		ADDRESS			CITY		STATE	ZIP CODE	<b>INJURY CODE*</b>
	DRIVER'S LICENSE NUMBER		CLASS	STATE OF ISSUE	DATE OF BIRTH	SEX				
	OWNER'S FULL NAME		ADDRESS			CITY		STATE	ZIP CODE	
LICENSE PLATE NUMBER		YEAR	STATE OF ISSUE	PARTS OF VEHICLE DAMAGED		<b>ESTIMATE COST TO REPAIR</b>				
TYPE (CAR, PICKUP, VAN, SUV, MOTORCYCLE, TRUCK, ETC.)		MAKE	MODEL	YEAR	COLOR	# OF OCCUPANTS				
<b>C</b> O T H E R D R I V E R	<b>GIVE FULL LIABILITY INSURANCE INFORMATION OR IT WILL BE ASSUMED YOU DID NOT HAVE INSURANCE</b>									
	PLEASE NAME OF INSURANCE COMPANY (NOT AGENCY) _____									
	Name of Policy Holder _____ Address _____									
Your Signature <b>X</b> _____										
<b>C</b> O T H E R V E H I C L E	OTHER DRIVER FULL NAME		ADDRESS			CITY		STATE	ZIP CODE	<b>INJURY CODE*</b>
	OTHER DRIVER LICENSE NUMBER		CLASS	STATE OF ISSUE	DATE OF BIRTH	SEX				
	OTHER DRIVER FULL NAME		ADDRESS			CITY		STATE	ZIP CODE	
OTHER DRIVER LICENSE NUMBER		YEAR	STATE OF ISSUE	PARTS OF VEHICLE DAMAGED		<b>ESTIMATE COST TO REPAIR</b>				
OTHER DRIVER TYPE (CAR, PICKUP, VAN, SUV, MOTORCYCLE, TRUCK, ETC.)		MAKE	MODEL	YEAR	COLOR	# OF OCCUPANTS				

\*SEE CODES ON REVERSE SIDE\*

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

### ENTER NUMBER FOR CORRECT RESPONSE IN EACH BOX BELOW

<b>TYPE ACCIDENT</b> <b>COLLISION WITH A/N</b> 1- MOTOR VEHICLE 2- PARKED MOTOR VEHICLE 3- ROADWAY EQUIPMENT - SNOWPLOW 4- ROADWAY EQUIPMENT - OTHER 5- TRAIN 6- PEDALCYCLE, BIKE, ETC. 7- PEDESTRIAN	8- DEER 9- OTHER ANIMAL 12- COLLISION WITH OTHER TYPE OF NON-FIXED OBJECT 13- OTHER COLLISION TYPE	<b>COLLISION WITH FIXED OBJECT</b> 21- CONSTRUCTION EQUIPMENT 22- TRAFFIC SIGNAL 23- RR CROSSING DEVICE 24- LIGHT POLE 25- UTILITY POLE 26- SIGN STRUCTURE 27- MAILBOXES 28- OTHER POLES	29- HYDRANT 30- TREE/SHRUBBERY 31- BRIDGE PIERS 32- MEDIAN SAFETY BARRIER 33- CRASH CUSHION 34- GUARDRAIL 35- FENCE (NON-MEDIAN BARRIER) 36- CULVERT/HEADWALL	37- EMBANKMENT/DITCH/CURB 38- BUILDING/WALL 39- ROCK OUTCROPS 40- PARKING METER 41- OTHER FIXED OBJECT 42- UNKNOWN FIXED OBJECT	<b>NON-COLLISION</b> 51- OVERTURN/ROLLOVER 52- SUBMERSION 53- FIRE/EXPLOSION 54- JACKKNIFE 55- LOSS/SPILLAGE NON-HAZ MAT 56- LOSS/SPILLAGE HAZ MAT 64- NON-COLLISION OF OTHER TYPE 65- NON-COLLISION OF UNKNOWN TYPE
<b>WORK ZONE</b> (CIRCLE CORRECT RESPONSE) DID THE CRASH OCCUR IN A WORK ZONE? IF YES, WERE WORKERS PRESENT?	<b>SPEED LIMIT</b> ENTER POSTED SPEED LIMIT ( NOT YOUR TRAVEL SPEED)				
<b>ROAD SURFACE</b> 1- DRY 2- WET 3- SNOW 4- SLUSH 5- ICE PACKED SNOW 6- WATER (STANDING/MOVING) 7- MUDDY 8- DEBRIS 9- OILY 10- OTHER	<b>WEATHER / ATMOSPHERE</b> 1- CLEAR 2- CLOUDY 3- RAIN 4- SNOW 5- SLEET/HAIL/FREEZING RAIN 6- FOG/SMOG/SMOKE 7- BLOWING SAND/DUST/SNOW 8- SEVERE CROSSWINDS 90- OTHER				
<b>TRAFFIC CONTROL DEVICE</b> 1- TRAFFIC SIGNAL 2- OVERHEAD FLASHERS 3- STOP SIGN - ALL APPROACHES 4- STOP SIGN - NOT ALL APPROACHES 5- YIELD SIGN 6- OFFICER/FLAG PERSON/SCHOOL PATROL	7- SCHOOL BUS STOP ARM 8- SCHOOL ZONE SIGN 9- NO PASSING ZONE 10- RR CROSSING GATE 11- RR CROSSING - FLASHING LIGHTS 12- RR CROSSING - STOP SIGN	13- RR OVERHEAD FLASHERS 14- RR OVERHEAD FLASHERS/GATE 15- RR SIGN ONLY (NO LIGHTS, GATES OR STOP SIGN)	90- OTHER 98- NOT APPLICABLE	<b>LIGHT CONDITION</b> 1- DAY LIGHT 2- BEFORE SUNRISE (DAWN) 3- AFTER SUNSET (DUSK) 4- DARK (STREET LIGHTS ON) 5- DARK (STREET LIGHTS OFF) 6- DARK (NO STREET LIGHTS) 7- DARK (UNKNOWN LIGHTING) 90- OTHER	
<b>ACTIONS / MANEUVERS PRIOR TO ACCIDENT</b> <b>BY VEHICLE</b> 1- GOING STRAIGHT AHEAD 2- FOLLOWING ROADWAY 3- WRONG WAY INTO OPPOSING TRAFFIC 4- STOP SIGN - NOT ALL APPROACHES 5- YIELD SIGN 6- OFFICER/FLAG PERSON/SCHOOL PATROL 7- STARTING FROM PARKED POSITION 8- STARTING IN TRAFFIC 9- SLOWING IN TRAFFIC 10- STOPPED IN TRAFFIC 11- ENTERING PARKED POSITION 12- AVOID UNIT/OBJECT IN ROAD 13- CHANGING LANES 14- OVERTAKING/PASSING 15- MERGING 16- BACKING 17- STALLED ON ROADWAY	<b>PARKED VEHICLES</b> 21- PARKED LEGALLY 22- PARKED ILLEGALLY 23- VEHICLE STOPPED OFF ROADWAY	<b>BY PEDESTRIAN</b> 31- CROSSING WITH SIGNAL 32- CROSSING AGAINST SIGNAL 33- DARTING INTO TRAFFIC 34- OTHER IMPROPER CROSSING 35- CROSSING IN A MARKED CROSSWALK 36- CROSSING (NO SIGNAL OR CROSSWALK) 37- FAIL TO YIELD RIGHT OF WAY TO TRAFFIC 38- INATTENTION/DISTRACTION 39- WALKING/RUNNING IN ROAD WITH TRAFFIC	40- WALKING/RUNNING IN ROAD AGAINST TRAFFIC 41- STANDING/LYING IN ROAD 42- EMERGING FROM BEHIND PARKED VEHICLE 43- CHILD GETTING ON/OFF SCHOOL BUS 44- PERSON GETTING ON/OFF VEHICLE 45- PUSHING/WORKING ON VEHICLE 46- WORKING IN ROADWAY 47- PLAYING IN ROADWAY 48- NOT IN ROADWAY	<b>BY BICYCLIST</b> 51- RIDING WITH TRAFFIC 52- RIDING AGAINST TRAFFIC 53- MAKING RIGHT TURN 54- MAKING LEFT TURN 55- MAKING U-TURN 56- RIDING ACROSS ROAD 57- SLOWING/STOPPING/STARTING 90- OTHER	<b>DIRECTION OF TRAVEL PRIOR TO ACCIDENT</b> 1- NORTHBOUND 2- NORTH EASTBOUND 3- EASTBOUND 4- SOUTH EASTBOUND 5- SOUTHBOUND 6- SOUTH WESTBOUND 7- WESTBOUND 8- NORTH WESTBOUND



<b>CONTINUE REPORT ON OTHER SIDE</b>	WAS THERE A POLICE OFFICER AT THE SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE PATROL) _____
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DO NOT DETACH

**THIS SECTION IS TO BE FILLED OUT BY THE HOME OFFICE OF THE INSURANCE COMPANY ONLY**

(Commissioner of Public Safety to forward this form to Insurance Company for verification)

**ATTENTION INSURANCE COMPANY: PLEASE RETURN THIS FORM TO THE ADDRESS BELOW WITHIN 15 DAYS ONLY IF POLICY WAS NOT IN EFFECT AT THE TIME OF THE ACCIDENT.**

To: Department of Public Safety  
Driver and Vehicle Services  
Accident Records  
445 Minnesota Street, Suite 181  
St. Paul, Minnesota 55101-5181

We hereby advise you that the policyholder named on the reverse side did **NOT** have a policy in effect at the time of accident.

Date: \_\_\_\_\_ By: \_\_\_\_\_  
*Authorized Representative of Insurance Company*

**DO NOT FILL OUT SHADED BOX ABOVE - COMPLETE ALL INFORMATION ON SHEET BELOW.**

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	<input type="checkbox"/> NOT AT INTERSECTION	➔	ON: _____ <small>(Street Name or Road Number)</small>		DISTANCE	<input type="checkbox"/> MILES <input type="checkbox"/> FEET	DIRECTION	<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	FROM: _____ <small>(Street Name or Road Number)</small>
<input type="checkbox"/> IN PARKING LOT	➔	DESCRIBE LOCATION:								
<b>B</b> M Y V E H I C L E	DRIVER'S FULL NAME		ADDRESS			CITY		STATE	ZIP CODE	<b>INJURY CODE*</b>
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	PLEASE NAME OF INSURANCE COMPANY (NOT AGENCY) _____									
	COPY FROM POLICY _____ Automobile Insurance POLICY NUMBER _____ Policy Period: from _____ to _____ Name of Policy Holder _____ Address _____ Your Signature <b>X</b> _____									