

Wisconsin DRIVER REPORT OF ACCIDENT

DO NOT COMPLETE this Driver Report of Accident if a law enforcement officer completed a Wisconsin Motor Vehicle Accident Report.

COMPLETE this Wisconsin Driver Report of Accident if:

- There was \$1000 or more damage to any one person's property
- OR -
- Anyone was injured
- OR -
- There was \$200 or more damage to government property, other than vehicles.

MV4002 12/2005 s.346.70(2) Wis. Stats.

Wisconsin Department of Transportation

Please provide all requested information. Print clearly.

1. You are "Unit 1".
2. An individual involved in the accident must sign the report.
3. Provide all information on the other driver(s)/owner(s) involved. Incomplete reports may be returned requesting missing information. If you need assistance, contact your insurance agent, local law enforcement agency, or the DOT Traffic Accident Section at 608-266-8753.
4. Use the "Narrative" and "Diagram" sections to explain how the accident happened.
5. If more space is needed, use plain paper and attach to this report.
6. This form is available at www.dot.wisconsin.gov/drivers/drivers/traffic/accident.htm.

Retain a copy of this report for your records before mailing.

Mail completed report to address shown below.

(Fold report so that address panel shows to outside - tape bottom edge closed and mail - Do not staple).

Important - Please print your return address:

A

Place stamp here
Post Office
will not deliver
without postage

**TRAFFIC ACCIDENT SECTION
WISCONSIN DEPT OF TRANSPORTATION
PO BOX 7919
MADISON WI 53707-7919**

(5 3 7 0 7 7 9 1 9 2)

WISCONSIN DRIVER REPORT OF ACCIDENT

**CONTINUE ONLY ...if there was \$1000 or more damage to any one person's property,
OR ...if anyone was injured,
OR ...if there was \$200 or more damage to government property, other than vehicles.**

(See instructions on reverse side before completing - Please Print).

| | | | | |
|--|--------------------------------------|--|----------------------|--|
| <small>Hit and Run Accident?</small> <input type="checkbox"/> YES | ACCIDENT | <small>County of</small> _____ <small>City, Village or Township of</small> _____ | ACCIDENT DATE | <small>Month</small> _____ <small>Day</small> _____ <small>Year</small> _____ <small>Day of Week</small> _____ <small>Time</small> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| <small>Total Units Involved</small> _____ | <small>Total Injured *</small> _____ | LOCATION <small>Name and Number of Street(s) or Highway or Parking Lot</small> _____ | | |

TYPE OF ACCIDENT (Please check one) ¹ Hit another motor vehicle in operation ² Hit a parked vehicle ³ Hit a deer ^{4.5} Hit a bicyclist or pedestrian ⁹ Other

UNIT 1

Driver Full Name (Last, First, MI) _____ Sex _____

Address _____ Birth Date _____

City, State _____ ZIP Code _____ Daytime Telephone Number () _____

Driver License Number _____ Issuing State _____

Vehicle Legally Parked YES Operating a commercial vehicle? YES If yes, circle appropriate classification A B C

Owner Full Name (Last, First, MI) _____

Address _____

City, State _____ ZIP Code _____ Daytime Telephone Number () _____

| | | | | | |
|---|-----------------------------|------------------------------------|-----------------------------------|---------------------------|----------------------------|
| <small>License Plate Number</small> _____ | <small>Exp Yr</small> _____ | <small>Issuing State</small> _____ | <small>Vehicle Make</small> _____ | <small>Year</small> _____ | <small>Color</small> _____ |
|---|-----------------------------|------------------------------------|-----------------------------------|---------------------------|----------------------------|

Vehicle Identification Number _____

Was a motor vehicle liability insurance policy in effect on the day of the accident? NO YES Policy Holder's Name _____

Exact Name of Insurance Company _____

UNIT 2

Driver Full Name (Last, First, MI) _____ Sex _____

Address _____ Birth Date _____

City, State _____ ZIP Code _____ Daytime Telephone Number () _____

Driver License Number _____ Issuing State _____

Vehicle Legally Parked YES Operating a commercial vehicle? YES If yes, circle appropriate classification A B C

Owner Full Name (Last, First, MI) _____

Address _____

City, State _____ ZIP Code _____ Daytime Telephone Number () _____

| | | | | | |
|---|-----------------------------|------------------------------------|-----------------------------------|---------------------------|----------------------------|
| <small>License Plate Number</small> _____ | <small>Exp Yr</small> _____ | <small>Issuing State</small> _____ | <small>Vehicle Make</small> _____ | <small>Year</small> _____ | <small>Color</small> _____ |
|---|-----------------------------|------------------------------------|-----------------------------------|---------------------------|----------------------------|

Vehicle Identification Number _____

Was a motor vehicle liability insurance policy in effect on the day of the accident? NO YES Policy Holder's Name _____

Exact Name of Insurance Company _____

***INJURED Important** - Number of injuries reported must equal number entered in "Total Injured" box above. For additional injuries, provide the information on a separate piece of paper and attach. **Injury Codes: A=Severe, B=Moderate, C=Minor**

| Unit No. | Name (Last, First, MI) | Address | City, State | ZIP Code | Sex | Birth Date | Injury Code |
|----------|------------------------|---------|-------------|----------|-----|------------|-------------|
| | | | | | | | |
| | | | | | | | |

VEHICLE DAMAGE Unit 1 - Important - Circle the numbers closest to the damaged areas.

Damage Estimate (Required)

\$ _____

Unit 2 - Important - Circle the numbers closest to the damaged areas.

Damage Estimate (If Known)

\$ _____

PROPERTY DAMAGE Describe what was damaged. Property damage includes structures, trees, fences, towed items, etc. Do NOT include vehicle damage.

| | | |
|---|---|---|
| <small>Property Owner Full Name (Last, First, MI)</small> _____ | <small>Address, City, State, ZIP Code</small> _____ | <small>Daytime Telephone Number</small> () _____ |
|---|---|---|

NARRATIVE Print a brief description of the accident.

DIAGRAM Draw a basic picture of the accident and location. Indicate North by putting an arrow in the circle.

(Signature Required)