PS-32003-07

STATE OF MINNESOTA — DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT REPORT

(FOR POLICE USE ONLY AS REQUIRED BY STATUTE)

PAGE _____ OF _____

LOCAL CASE NO.

HIT-AND-RUN ☐ ATTENDED ☐ UNATTENDED | PUB PROP | VEHICLES | KILLED | INJURED | $ MIN

MONTH | DATE | YEAR | DAY | TIME | ☐ AM ☐ PM

ROUTE SYSTEM | ROUTE NUMBER OR STREET NAME | ☐ AT INTERSECTION WITH ↓ | OR | ☐ MI ☐ FT ☐ N ☐ S ☐ E ☐ W OF ↓

ON

COUNTY NO | ☐ CITY ☐ TWP | INT ELEM | REFERENCE POINT _____ + ____ • _____ | ROUTE SYS | ROUTE #, STREET, CORP LIMIT, REF POINT OR FEATURE

UNIT 2 ☐ VEHICLE ☐ PEDESTRIAN ☐ BICYCLE

FACTOR 1	DRIVER LICENSE NUMBER - 1			STATE	CLASS	DRIVER LICENSE NUMBER - 2	STATE	CLASS	FACTO
FACTOR 2	NAME (FIRST, MIDDLE, LAST)			RSTRCTNS COMPLIED	WTHDRWN	NAME (FIRST, MIDDLE, LAST)	RSTRCTNS COMPLIED	WTHDRWN	FACTO
MNUVER	ADDRESS			DATE OF BIRTH		ADDRESS	DATE OF BIRTH		MNUV
PHYSCL	CITY, STATE, ZIP					CITY, STATE, ZIP			PHYSC
RCOMND	ADDRESS CORRECT	SEX	EJECT	RSTRNT	INJCOD	TO HOSP	TRANSPORT ☐ AMBULANCE ☐ OTHER		RCOM

VEHTYP	OWNER NAME					OWNER NAME			VEHT
FIRE	ADDRESS			OCCUP		ADDRESS		OCCUP	FIRE
TOW	CITY, STATE, ZIP			PULLING UNIT	DIRECT	CITY, STATE, ZIP		PULLING UNIT	DIRECT	TOW
DMGLOC	MAKE	MODEL	YEAR	COLOR	SEQUENCE OF EVENTS	MAKE	MODEL	YEAR	COLOR	SEQUENCE OF EVENTS	DMGL
DMGSEV	PLATE #		STATE	YEAR	INSURANCE	PLATE #		STATE	YEAR	INSURANCE	DMGS

INJURED PASSENGERS/WITNESSES		UNIT	POSTN	AGE	SEX	EJECT	RSTRNT	INJCOD	TO HOSP	TRANSPORT
										☐ AMBULANCE ☐ OTHER
										☐ AMBULANCE ☐ OTHER
										☐ AMBULANCE ☐ OTHER
										☐ AMBULANCE ☐ OTHER

ACCTYP

OWNER OF OTHER DAMAGED PROPERTY AND/OR YELLOW TAG NUMBER(S)

AMBULANCE SERVICE(S) AND/OR STATE AMBULANCE RUN NUMBER(S)

FXDOBJ

NORTH

ON BRIDGE

LOCATN

RDWORK

RDESGN

RDSURF

RDCHAR

DESCRIPTION, CHARGES PENDING, AND OR CITATIONS ISSUED

DE

WC

SP LIM

INT

WE

PH TA

LIC

DI

OFFICER RANK, NAME, BADGE #, AND AGENCY

☐ STATE PATROL ☐ LOCAL ☐ SHERIFF ☐ OTHER

UNIT	MOTOR CARRIER	HAZ MAT	HAZ PLAC	MAT'L CLASS/ID	MAT'L CLASS/ID	MAT'L CLASS/ID	BDY	
ADDRESS		MOTOR CARRIER ID			MC SOURCE	AXLES DOWN	AXLES UP	TRA HITC
						INSPECTOR #		GVW