DPS-HS-520-5/93

**Mail To: Dept. of Transportation, Accident Records Program, 700 E. Broadway Ave., Pierre, S.D. 57501-2586**

# STATE OF SOUTH DAKOTA INVESTIGATOR'S MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

| Date of Accident MO. DA. YR. | And Time 24 Hour Clock | Day of Week - Check one ☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Unk. | DAY |
|---|---|---|---|

County _____ City Accident Occurred In/ Or Indicate Rural _____

_____ ☐ Miles & Tenths ☐ Feet — N ☐ S ☐ E ☐ W ☐ — of MRM (Milepost) _____ Displacement _____ Systems _____

(1st) _____ ☐ Miles & Tenths ☐ ☐ ☐ ☐
(2nd) _____ ☐ Miles & Tenths ☐ ☐ ☐ ☐
(3rd) _____ ☐ Miles & Tenths ☐ ☐ ☐ ☐
} of Junction or City Limits } of _____

x _____
y _____

Road on Which Accident Occurred _____

At Its Intersection With _____ Class _____ Hwy. No. _____ Suffix _____

If Not At Intersection _____ Feet ☐ N ☐ S ☐ E ☐ W ☐ of _____ (Show Nearest Intersecting Street)

| UNIT 1 ☐ - MOTOR VEHICLE ☐ - PEDESTRIAN ☐ - BICYCLE DR. ☐ - OTHER _____ | UNIT 2 ☐ - MOTOR VEHICLE ☐ - PEDESTRIAN ☐ - BICYCLE DR. ☐ - OTHER _____ |
|---|---|
| Full Name (Last, First, Middle) | Full Name (Last, First, Middle) |
| Address / City / State | Address / City / State |
| Date Of Birth MO DA YR / Driver's License Number | Date Of Birth MO DA YR / Driver's License Number |
| State Of Lic. / List Restriction(s) Not Complied With ☐ None or NA | State Of Lic. / List Restriction(s) Not Complied With ☐ None or NA |
| Offense(s) Charged ☐ Yes ☐ No ☐ Pending | Offense(s) Charged ☐ Yes ☐ No ☐ Pending |
| Owner's Full Name ☐ Check If Same As Driver | Owner's Full Name ☐ Check If Same As Driver |
| Address / City / State | Address / City / State |
| Model Yr. / Make / Model | Model Yr. / Make / Model |
| Vehicle Registration Plate No. / Plate Yr. / State | Vehicle Registration Plate No. / Plate Yr. / State |
| Vehicle Identification No. (VIN) / No. Of Occupts | Vehicle Identification No. (VIN) / No. Of Occupts |
| Trailer Owner's Full Name ☐ No Trailer | Trailer Owner's Full Name ☐ No Trailer |
| Address / City / State | Address / City / State |
| Trailer Registration Plate No. / Plate Yr. / State | Trailer Registration Plate No. / Plate Yr. / State |

LIST INJURED PASSENGERS ONLY

| ORIGINAL | UNIT NO. | OFF-ICE USE | AGE | SEX | EJEC-TION | IN-JURY | LOCA-TION | SAFETY EQ. |
|---|---|---|---|---|---|---|---|---|
| UNIT 1 - ☐ MV DRIVER ☐ PEDESTRIAN ☐ BICYCLE DR. ☐ OTHER | | | | | | | | |
| UNIT 2 - ☐ MV DRIVER ☐ PEDESTRIAN ☐ BICYCLE DR. ☐ OTHER | | | | | | | | |
| Name, (Last, First, M.I.) / Address | | | | | | | | |
| Name, (Last, First, M.I.) / Address | | | | | | | | |
| Name, (Last, First, M.I.) / Address | | | | | | | | |