

## Fatal Supplement Report Instructions

In the event of a fatal motor vehicle accident, complete this form MV3480 and mail it to:

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

This form is necessary to comply with the requirements of the National Fatal Accident Reporting System (FARS).

1. Document Number (From MV4000) - In the box located in the upper right corner of this form, enter the document number from the corresponding MV4000 accident report.
3. No. of Travel Lanes - Enter ONE of the following:
  - A. The total number of travel lanes on an undivided roadway.
  - OR
  - B. The total number of lanes in ONE direction on a divided highway.
6. If fatalities all occur on-scene, code the arrival time at the hospital of the next most severely injured person.
10. Relation to Roadway - Enter the number that indicates where the first harmful event occurred.
15. Estimated Travel Speed - Enter the estimated travel speed for EACH vehicle involved in the accident. Make sure the speed indicated is the estimated speed prior to the accident and NOT the estimated impact speed. If travel speed was not estimated, enter "unknown."
18. & 27. Extricated - Enter "Y" for YES if extrication equipment or other force had to be used to remove the person from the vehicle.
21. Alcohol Test Type - Indicate the method used to determine if alcohol was consumed by the surviving driver. If more than one type of test was given, indicate the lowest numbered test for the test type.