

FOR DPS USE ONLY

PS-3200 LOCAL COUNTY HIT-AND-RUN ATTEMPT UNATTENDED ROUTE ON COUNTY FACTOR MANUEVER PHYSICAL CONDITION RECOMMENDATIONS VEHICLE TYPE FIRE TOW DAMAGE DAMAGE INJURED ACCTYP FXDOBJ ON BRIDGE LOCATN RDWORK RDESGN RDSURF RDCHAR OFFICE UNIT ADDRESS CITY, ST

FACTORY1 & FACTORY2 - APPARENT CONTRIBUTING FACTORS (UP TO TWO PER DRIVER) (NOTE: PLEASE INDICATE PRIMARY FACTOR IN THE BOX MARKED FACTORY1)

- 0 -NO CLEAR CONTRIBUTING FACTOR 1 -FAILURE TO YIELD RIGHT OF WAY 2 -ILLEGAL/UNSAFE SPEED 3 -FOLLOWED TOO CLOSELY 4 -DISREGARDED TRAFFIC CONTROL DEVICE 5 -DRIVING LEFT OF ROADWAY CENTER, NOT PASSING 6 -IMPROPER PASSING/OVERTAKING 7 -IMPROPER/UNSAFE LANE USE 8 -IMPROPER PARKING/START/STOP 9 -IMPROPER TURN 10 -UNSAFE BACKING 11 -NO/IMPROPER SIGNAL 12 -IMPEDING TRAFFIC 13 -DRIVER INATTENTION/DISTRACTION 14 -DRIVER INEXPERIENCE 15 -PEDESTRIAN VIOLATION/ERROR 16 -PHYSICAL IMPAIRMENT\* 17 -FAILURE TO USE LIGHTS 18 -DRIVER ON CAR PHONE/CB2-WAY RADIO 19 -OTHER HUMAN CONTRIBUTING FACTOR\* 20 -VISION OBSCURED-WINDSHIELD GLASS 21 -VISION OBSCURED-SUN OR HEADLIGHTS 22 -OTHER VISION-RELATED CONTRIBUTING FACTOR\* 23 -DEFECTIVE BRAKES 24 -DEFECTIVE TIRE OR TIRE FAILURE 25 -DEFECTIVE LIGHTS 26 -INADEQUATE WINDSHIELD GLASS 27 -OVERSIZE/OVERWEIGHT VEHICLE 28 -SKIDDING 29 -OTHER VEHICLE DEFECT FACTOR\* 30 -WEATHER 31 -OTHER\*

Table with columns: MANUEVER - PRE-ACCIDENT MANUEVER, BY VEHICLE, BY PEDESTRIAN, BY BICYCLIST. Lists various maneuver codes and descriptions.

Table with columns: PHYSICAL CONDITION, RECOMMENDATIONS FOR DRIVER. Lists codes for physical conditions and driver recommendations.

Table with columns: VEHTYP - VEHICLE CONFIGURATION. Lists codes for vehicle types such as automobile, school bus, motorcycle, etc.

Table with columns: DMGLC - PRINCIPLE DAMAGE AREA(S) OF VEHICLE, DMGSEV - DAMAGE SEVERITY. Lists codes for damage locations and severity levels.

Table with columns: ACCTYP - ACCIDENT TYPE BY 1ST HARMFUL EVENT, FXDOBJ - FIXED OBJECT STRUCK, DEVICE - TRAFFIC CONTROL DEVICE. Lists codes for accident types, fixed objects, and traffic control devices.

Table with columns: LOCATN - LOCATION OF FIRST HARMFUL EVENT, WORKING - WAS ELECTRONIC MECHANICAL TRAFFIC CONTROL WORKING PROPERLY?. Lists codes for location of first harmful event and working status of traffic control.

Table with columns: RDWORK - ROAD WORK, INTREL - RELATIONSHIP TO INTERSECTION/JUNCTION. Lists codes for road work and intersection relationships.

Table with columns: RDESGN - ROAD DESIGN, WEATHER - WEATHER/ATMOSPHERE. Lists codes for road design and weather conditions.

Table with columns: RDSURF - ROAD SURFACE CONDITIONS, LIGHT - LIGHTING. Lists codes for road surface conditions and lighting.

Table with columns: RDCHAR - ROADWAY CHARACTERISTICS, DIAGRAM - VEHICULAR RELATIONSHIPS WHICH LED TO IMPACT. Lists codes for roadway characteristics and impact diagrams.

STATE OF MINNESOTA DEPARTMENT OF PUBLIC SAFETY POLICE TRAFFIC ACCIDENT REPORT

PS-32003-06 (1-91)

CTOR 1 CTOR 2 NUVER HYSCL COMND EHTYP RE DW MGLOC MGSEV DEVICE WORKING SPEED LIMIT INTEL WEATHER PHOTOS TAKEN LIGHT DIAGRAM BODY TYP TRAILER HITCH SVWR

**BDYTYP - CARGO BODY TYPE**

4 - GAS BULK CARGO TANK	10 - BUS
5 - FLATBED/PLATFORM	11 - COMBINATION*
6 - DUMP	12 - SPECIAL PERMIT LOAD*
7 - CONCRETE MIXER	90 - OTHER*
8 - AUTO TRANSPORTER	99 - UNKNOWN
9 - GARBAGE/REFUSE	

0 - NOT APPLICABLE  
1 - VAN  
2 - DRY BULK CARGO TANK  
3 - LIQUID BULK CARGO TANK

**TRAILER HITCH - TRAILER HITCH CONFIGURATIONS**

3 - A-TRAIN HITCH (WITH FIFTH WHEEL)	6 - PINTLE HITCH
4 - B-TRAIN HITCH (WITH FIFTH WHEEL)	90 - OTHER* (INCLUDING COMBINATIONS)
5 - C-TRAIN HITCH (WITH FIFTH WHEEL)	99 - UNKNOWN

0 - NOT APPLICABLE  
1 - TRAILER WITH BALL HITCH  
2 - TRAILER WITH FIFTH WHEEL

**GVWR - GROSS VEHICLE WEIGHT RATING**

3 - 12,000 TO 25,999 POUNDS	8 - GREATER THAN 120,000 POUNDS
4 - 26,000 TO 56,999 POUNDS	99 - UNKNOWN
5 - 57,000 TO 80,000 POUNDS	
6 - 80,001 TO 105,000 POUNDS	
7 - 105,001 TO 120,000 POUNDS	

0 - NOT APPLICABLE  
1 - LESS THAN 10,000 POUNDS  
2 - 10,000 TO 11,999 POUNDS

**SEQUENCE OF EVENTS - PLEASE INDICATE UP TO FOUR CODES THAT REPRESENT THE SEQUENCE OF ACCIDENT-RELATED EVENTS.**

1 - COLLISION WITH UNIT ON SAME ROADWAY	8 - COLLISION WITH OTHER ANIMAL	16 - LOSS OR SPILLAGE OF NON-HAZARDOUS MATERIAL
2 - COLLISION WITH UNIT ON SEPARATE ROADWAY	9 - COLLISION WITH FIXED OBJECT	17 - LOSS OR SPILLAGE OF HAZARDOUS MATERIAL
3 - COLLISION WITH PARKED MOTOR VEHICLE	10 - COLLISION WITH FALLING OBJECT	18 - RAN OFF THE ROAD
4 - COLLISION WITH TRAIN	11 - OVERTURN	19 - SEPARATION OF UNITS
5 - COLLISION WITH BICYCLIST	12 - FIRE/EXPLOSION	20 - DOWNHILL RUNAWAY
6 - COLLISION WITH PEDESTRIAN	13 - SUBMERSION	21 - UNDERRIDE - REAR
7 - COLLISION WITH DEER	14 - JACKKNIFE	22 - UNDERRIDE - SIDE
	15 - CARGO SHIFT	90 - OTHER*
		99 - UNKNOWN

**M. C. SOURCE - SOURCE OF IDENTIFICATION**

1 - CAB CARD	4 - DRIVER
2 - SHIPPING PAPERS	90 - OTHER*
3 - SIDE OF VEHICLE	

**DIRECT - PRE-ACCIDENT DIRECTION**

2 - NORTHEAST	6 - SOUTHWEST
3 - EAST	7 - WEST
4 - SOUTHEAST	8 - NORTHWEST
5 - SOUTH	99 - UNKNOWN
1 - NORTH	

**RSTRNT - RESTRAINT DEVICE**

5 - PASSIVE BELT INSTALLED, USED	9 - CHILD RESTRAINT NOT INSTALLED	14 - HELMET NOT USED
6 - PASSIVE BELT INSTALLED, CIRCUMVENTED	10 - CHILD RESTRAINT INSTALLED, NOT USED	15 - HELMET USED
7 - AIRBAG DEPLOYED, SEATBELT USED	12 - CHILD RESTRAINT INSTALLED, USED	90 - OTHER*
8 - AIRBAG DEPLOYED, SEATBELT NOT USED	13 - CHILD RESTRAINT IMPROPERLY USED	99 - UNKNOWN
1 - SEAT BELT NOT INSTALLED		
2 - SEAT BELT INSTALLED, NOT USED		
3 - SEAT BELT INSTALLED, USED		
4 - SEAT BELT INSTALLED, IMPROPERLY USED		

**POSITN - OCCUPANT SEAT POSITION**

- 1 - FRONT LEFT
- 2 - FRONT CENTER
- 3 - FRONT RIGHT
- 4 - SECOND SEAT LEFT
- 5 - SECOND SEAT CENTER
- 6 - SECOND SEAT RIGHT
- 7 - THIRD SEAT LEFT
- 8 - THIRD SEAT CENTER
- 9 - THIRD SEAT RIGHT
- 10 - OUTSIDE OF VEHICLE
- 11 - MOTORCYCLE/SNOWMOBILE/BICYCLE DRIVER
- 12 - MOTORCYCLE/SNOWMOBILE/BICYCLE PASSENGER ON UNIT
- 13 - MOTORCYCLE/SNOWMOBILE/BICYCLE PASSENGER ON TRAILER/SIDECAR
- 90 - OTHER\*
- 99 - UNKNOWN

**EJECT - EJECTION**

- 0 - NOT APPLICABLE
- 1 - TRAPPED, EXTRICATED
- 2 - PARTIALLY EJECTED
- 3 - EJECTED
- 4 - NOT EJECTED
- 99 - UNKNOWN

**INJCOD - INJURY CODE**

- K - KILLED
- A - INCAPACITATING INJURY
- B - NON-INCAPACITATING INJURY
- C - POSSIBLE INJURY
- N - NO APPARENT INJURY
- X - UNKNOWN

PS-32 LOCAL  
HIT-AN AT UN ROUTE  
ON COUNT  
FACTO  
FACTO  
MNUVE  
PHYSCL  
RCOMND  
VEHTYP  
FIRE  
TOW  
DMGLOC  
DMGSEV

FOR DPS USE ONLY  
FACTOR 1  
FACTOR 2  
MNUVER  
PHYSCL  
RCOMND  
VEHTYP  
FIRE  
TOW  
DMGLOC  
DMGSEV

INJURED PASSENGERS/WITNESSES	UNIT	POSTN	AGE	SEX	EJECT	RSTRNT	INJCOD	TO HOSP	TRANSPORT
									<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER
									<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER
									<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER
									<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER

ACCTYP	OWNER OF OTHER DAMAGED PROPERTY AND/OR YELLOW TAG NUMBER(S)	AMBULANCE SERVICE(S) AND/OR STATE AMBULANCE RUN NUMBER(S)
FXDOBJ		DESCRIPTION, CHARGES PENDING, AND OR CITATIONS ISSUED
ON BRIDGE		
LOCATN		
RDWGRP		
RDESGN		
RDSURF		
RDCHAR		
DEVICE		
WORKING		
SPEED LIMIT		
INTREL		
WEATHER		
PHOTOS TAKEN		
LIGHT		
DIAGRAM		

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 TYP
ADDRESS	MOTOR CARRIER ID			MC SOURCE	AXLES DOWN	AXLES UP	TRAILER HITCH
CITY, STATE, ZIP	ICR #	INSPECTOR #				GVWR	

TRAFFIC ACCIDENT REPORT

(FOR POLICE USE ONLY AS REQUIRED BY STATUTE)

PAGE \_\_\_\_\_ OF \_\_\_\_\_

FOR DPS USE ONLY

LOCAL CASE NO.		HIT-AND-RUN <input type="checkbox"/> ATTENDED <input type="checkbox"/> UNATTENDED		PUB PROP	VEHICLES	KILLED	INJURED	\$ MIN	MONTH	DATE	YEAR	DAY	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	
ROUTE SYSTEM		ROUTE NUMBER OR STREET NAME							<input type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR		<input type="checkbox"/> MI <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> FT <input type="checkbox"/> S <input type="checkbox"/> W OF				
COUNTY NO	<input type="checkbox"/> CITY <input type="checkbox"/> TWP	INT ELEM	REFERENCE POINT	ROUTE SYS	ROUTE #, STREET, CORP LIMIT, REF POINT OR FEATURE										

FACTOR 1	DRIVER LICENSE NUMBER - 1	STATE	CLASS	UNIT 2	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> BICYCLE	FACTOR 1
FACTOR 2	NAME (FIRST, MIDDLE, LAST)	RSTRCTNS COMPLIED	WTHDRWN	DRIVER LICENSE NUMBER - 2	STATE	CLASS	FACTOR 2	
MNUVER	ADDRESS	DATE OF BIRTH		NAME (FIRST, MIDDLE, LAST)	RSTRCTNS COMPLIED	WTHDRWN	MNUVER	
PHYSCL	CITY, STATE, ZIP			ADDRESS	DATE OF BIRTH		PHYSCL	
RCOMND	ADDRESS CORRECT	SEX	EJECT	RSTRNT	INJCOD	TO HOSP	TRANSPORT <input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER	RCOMND

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

INJURED PASSENGERS/WITNESSES	UNIT	POSTN	AGE	SEX	EJECT	RSTRNT	INJCOD	TO HOSP	TRANSPORT
									<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER
									<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER
									<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER
									<input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER

ACCTYP	OWNER OF OTHER DAMAGED PROPERTY AND/OR YELLOW TAG NUMBER(S)	AMBULANCE SERVICE(S) AND/OR STATE AMBULANCE RUN NUMBER(S)
FXDOBJ		DESCRIPTION, CHARGES PENDING, AND OR CITATIONS ISSUED
ON BRIDGE		
LOCATN		
RDWGPK		
RDESGN		
RDSURF		
RDC HAR		
DEVICE		
WORKING		
SPEED LIMIT		
INTREL		
WEATHER		
PHOTOS TAKEN		
LIGHT		
DIAGRAM		

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 TYP
ADDRESS	MOTOR CARRIER ID	MC SOURCE	AXLES DOWN	AXLES UP	TRAILER HITCH		
CITY, STATE, ZIP	ICR #	INSPECTOR #					GVWR

MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
**FATALITY REPORT**

(In conjunction with National Highway Traffic Safety Administration Fatal Accident Reporting System)

SEE INSTRUCTIONS ON REVERSE.

**A ACCIDENT INFORMATION**

Accident Date	Accident Time	Time Police Notified	Time Ambulance <u>Notified</u>
Contributing Weather? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Kind? _____	Contributing Road Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Kind? _____		Time Ambulance Arrived at <u>Scene</u>
SPECIAL JURISDICTION: <input type="checkbox"/> No special Jurisdiction <input type="checkbox"/> Campus <input type="checkbox"/> Indian Reservation <input type="checkbox"/> Military <input type="checkbox"/> National Park <input type="checkbox"/> Other	If present, traffic controls functioning: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Not at all <input type="checkbox"/> Present <sup>None</sup>		Time Ambulance Arrived at <u>Hospital</u>
Divider Type <input type="checkbox"/> Median W/Barrier <input type="checkbox"/> Median No Barrier <input type="checkbox"/> Unknown <input type="checkbox"/> None	Road Surface Type <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick/Block <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel		

**B UNIT INFORMATION**

**UNIT NO. 1 — VEHICLE 1**

Vehicle Make/Model			PERSON INFORMATION (By Seat Position)												
Rollover	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		ALCOHOL			1	2	3	4	5	6	7	8	9	Other
Jackknife	<input type="checkbox"/> 1st Event <input type="checkbox"/> Subsequent <input type="checkbox"/> NO <input type="checkbox"/> NA		Test Taken? (Y / N) or UNK												
Travel Speed	(MPH)		Test Type? Blood, Urine, Etc. (B/U)												
Towing a Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Test Results? (BAC)												
Special Use	<input type="checkbox"/> No <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Bus <input type="checkbox"/> Unknown <input type="checkbox"/> Military <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Firetruck		DRUGS/ CODES												
Emergency Use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		0 - No Test			Test Taken? (Y / N) or UNK									
Avoidance Maneuver	<input type="checkbox"/> Braking <input type="checkbox"/> Steering <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> None		1 - No Drugs			Test Type? Blood, Urine									
Violations Charged	<input type="checkbox"/> None <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Speed <input type="checkbox"/> Susp/Rev. <input type="checkbox"/> Reckless <input type="checkbox"/> Other Move-Viol. <input type="checkbox"/> Non Move-Viol. <input type="checkbox"/> Viol.-Type Unknown/Other <input type="checkbox"/> Unknown		2 - Narcotics			Test Results? (SEE CODES)									
Truck/Bus Type	<input type="checkbox"/> Cab Over Engine <input type="checkbox"/> Cab Behind Engine <input type="checkbox"/> NA		3 - Depressant												
<b>CIRCLE FIRST POINT OF IMPACT</b>	FRONT		REAR	4 - Stimulant			EJECTED THROUGH:								
				5 - Hallucinogen			F = FRONT S = SIDE								
<b>CIRCLE WORST POINT OF IMPACT</b>	FRONT		REAR	6 - Cannabinoid			W = Windshield D = Door								
				7 - PCP			Etc. or NA								
				8 - OTHER			INJURED WHILE WORKING (Check Worker's Comp.) (Y / N) or UNK								
							SHOULDER BELT USE (Y/N)								

**UNIT NO. 2 —  VEHICLE 2  PEDESTRIAN  BIKE**

Vehicle Make/Model			PERSON INFORMATION (By Seat Position)												
Rollover	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		ALCOHOL			1	2	3	4	5	6	7	8	9	Other
Jackknife	<input type="checkbox"/> 1st Event <input type="checkbox"/> Subsequent <input type="checkbox"/> NO <input type="checkbox"/> NA		Test Taken? (Y / N) or UNK												
Travel Speed	(MPH)		Test Type? Blood, Urine, Etc. (B/U)												
Towing a Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Test Results? (BAC)												
Special Use	<input type="checkbox"/> No <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Bus <input type="checkbox"/> Unknown <input type="checkbox"/> Military <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Firetruck		DRUGS/ CODES												
Emergency Use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		0 - No Test			Test Taken? (Y / N) or UNK									
Avoidance Maneuver	<input type="checkbox"/> Braking <input type="checkbox"/> Steering <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> None		1 - No Drugs			Test Type? Blood, Urine									
Violations Charged	<input type="checkbox"/> None <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Speed <input type="checkbox"/> Susp/Rev. <input type="checkbox"/> Reckless <input type="checkbox"/> Other Move-Viol. <input type="checkbox"/> Non Move-Viol. <input type="checkbox"/> Viol.-Type Unknown/Other <input type="checkbox"/> Unknown		2 - Narcotics			Test Results? (SEE CODES)									
Truck/Bus Type	<input type="checkbox"/> Cab Over Engine <input type="checkbox"/> Cab Behind Engine <input type="checkbox"/> NA		3 - Depressant												
<b>CIRCLE FIRST POINT OF IMPACT</b>	FRONT		REAR	4 - Stimulant			EJECTED THROUGH:								
				5 - Hallucinogen			F = FRONT S = SIDE								
<b>CIRCLE WORST POINT OF IMPACT</b>	FRONT		REAR	6 - Cannabinoid			W = Windshield D = Door								
				7 - PCP			Etc. or NA								
				8 - OTHER			INJURED WHILE WORKING (Check Worker's Comp.) (Y / N) or UNK								
							SHOULDER BELT USE (Y/N)								