

Wisconsin Motor Vehicle Accident Report

Document Number Override
0

INSTRUCTIONS
Please use a Black Ink Pen or #2 Pencil.
Mark Areas as shown:
Correct Mark
Incorrect Marks

County: 2
MUN/TWP: 3

Accident Date
MONTH DAY YEAR
 Jan
 Feb
 Mar
 Apr
 May
 June
 July
 Aug
 Sept
 Oct
 Nov
 Dec

Time of Accident (Military Time)
HOUR MIN.
5

Total Number
UNITS INJURED KILLED
6 7 8

Hit & Run
Government Property
Fire (Narrative)
Photos Taken (Narrative)
Trailer or Towed (Narrative)
Truck or Bus (Last Page)
Load Spillage
Construction Zone
Names Exchanged

Unit #
Sheet No. Of
10

Reportable Accident
1 (Y) (N)

ACCIDENT LOCATION
 Public Highway, Intersection/Related
 Public Highway, Non-Intersection
 Parking Lot
 Private Property or Road

LATITUDE (GPS) Degrees: 12 Minutes: Seconds: LONGITUDE (GPS) Degrees: 13 Minutes: Seconds:

ON Hwy No. and / Street Name Estimated FT. MI. FROM/AT Hwy No. and / Street Name
14 15 16

House # Fire # Other Utility # Railroad # Agency Space Special Study
17 18 19

Unit Number Unit Type Total Number of Occupants Direction of Travel (Before the Accident)
20 21 22 23

Speed Limit OPERATOR Last NAME First M.I. ADDRESS Street & Number City & State ZIP Phone Number Driver's License Number State Exp. Year
24 25 26 27 28 29 30 31

Date of Birth Sex Operating as Classified: Class Endorse
32 33 34 35 36 37

On Duty Accident (P) Police (E) EMT/First Responder (F) Fire Fighter (H) Winter Hwy Maintenance
34 35

Severity SEAT SAFETY AIRBAG EJECTED
38 39 40 41 42

TRAPPED/ EXTRICATED (1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown Medical Transport
43 44

Vehicle Owner Same (Y) (N) Last Name First M.I. Street Address City & State ZIP Phone Number
45 46 47 48 49

Year of Vehicle Make Model Body Style Color Vehicle ID Number
50 51 52 53 54 55

License Plate Number Plate Type State Exp. Year Policy Holder's Name Citation Liability Insurance Company Stat. #
56 57 58 59 60 61 62 63 64

Occupant Unit Number NAME Last First M.I. Date of Birth Sex Severity SEAT SAFETY AIRBAG
65 66 67 68 69 70 71 72 73 74

Address Same as Operator EJECTED TRAPPED/ EXTRICATED Medical Transport Agency Space
74 75 76 77 78

MV4000 1296 EMS Number
79

Police No. Please Do Not Write in This Microfilm Space Accident No. Date Location

Occupant Unit Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	NAME Last First M.I. Date of Birth Sex (M) (F)	Severity (K) (N) (A) (B) (C)	SEAT Position	SAFETY Equipment	AIRBAG <input type="checkbox"/> 1 Deployed <input type="checkbox"/> 2 Non Deployed <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown
	ADDRESS Street & Number City & State ZIP	EJECTED <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Ejected <input type="checkbox"/> 3 Totally Ejected <input type="checkbox"/> 4 Partially Ejected <input type="checkbox"/> 5 Unknown	TRAPPED/EXTRICATED <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Trapped <input type="checkbox"/> 3 Trapped/Extricated <input type="checkbox"/> 4 Trapped/Not Extricated <input type="checkbox"/> 5 Unknown	Medical Transport (Y) (N)	Agency Space

Occupant Unit Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	NAME Last First M.I. Date of Birth Sex (M) (F)	Severity (K) (N) (A) (B) (C)	SEAT Position	SAFETY Equipment	AIRBAG <input type="checkbox"/> 1 Deployed <input type="checkbox"/> 2 Non Deployed <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown
	ADDRESS Street & Number City & State ZIP	EJECTED <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Ejected <input type="checkbox"/> 3 Totally Ejected <input type="checkbox"/> 4 Partially Ejected <input type="checkbox"/> 5 Unknown	TRAPPED/EXTRICATED <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Trapped <input type="checkbox"/> 3 Trapped/Extricated <input type="checkbox"/> 4 Trapped/Not Extricated <input type="checkbox"/> 5 Unknown	Medical Transport (Y) (N)	Agency Space

Type of Accident

First Harmful Event 80
Most Harmful Event 81
(select one per vehicle)

Unit Number	Unit Number
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

Collision With Object Not Fixed

<input type="checkbox"/> 1 Motor Vehicle in Transport	<input type="checkbox"/> 1
<input type="checkbox"/> 2 Parked Motor Vehicle	<input type="checkbox"/> 2
<input type="checkbox"/> 3 Deer	<input type="checkbox"/> 3
<input type="checkbox"/> 4 Pedalcycle	<input type="checkbox"/> 4
<input type="checkbox"/> 5 Pedestrian	<input type="checkbox"/> 5
<input type="checkbox"/> 6 Railway Train	<input type="checkbox"/> 6
<input type="checkbox"/> 7 Other Animal	<input type="checkbox"/> 7
<input type="checkbox"/> 8 Motor Vehicle in Transport In Other Roadway	<input type="checkbox"/> 8
<input type="checkbox"/> 9 Other Object (Not Fixed)	<input type="checkbox"/> 9

Collision With Fixed Object

<input type="checkbox"/> 10 Traffic Sign Post	<input type="checkbox"/> 10
<input type="checkbox"/> 11 Traffic Signal	<input type="checkbox"/> 11
<input type="checkbox"/> 12 Utility Pole	<input type="checkbox"/> 12
<input type="checkbox"/> 13 Lum. Light Support	<input type="checkbox"/> 13
<input type="checkbox"/> 14 Other Post	<input type="checkbox"/> 14
<input type="checkbox"/> 15 Tree	<input type="checkbox"/> 15
<input type="checkbox"/> 16 Mailbox	<input type="checkbox"/> 16
<input type="checkbox"/> 17 Guardrail Face	<input type="checkbox"/> 17
<input type="checkbox"/> 18 Guardrail End	<input type="checkbox"/> 18
<input type="checkbox"/> 19 Median Barrier	<input type="checkbox"/> 19
<input type="checkbox"/> 20 Bridge Parapet End	<input type="checkbox"/> 20
<input type="checkbox"/> 21 Bridge/Pier/Abut.	<input type="checkbox"/> 21
<input type="checkbox"/> 22 Impact Attenuator	<input type="checkbox"/> 22
<input type="checkbox"/> 23 Overhead Sign Post	<input type="checkbox"/> 23
<input type="checkbox"/> 24 Bridge Rail	<input type="checkbox"/> 24
<input type="checkbox"/> 25 Culvert	<input type="checkbox"/> 25
<input type="checkbox"/> 26 Ditch	<input type="checkbox"/> 26
<input type="checkbox"/> 27 Curb	<input type="checkbox"/> 27
<input type="checkbox"/> 28 Embankment	<input type="checkbox"/> 28
<input type="checkbox"/> 29 Fence	<input type="checkbox"/> 29
<input type="checkbox"/> 30 Other Fixed Object	<input type="checkbox"/> 30
<input type="checkbox"/> 31 Unknown	<input type="checkbox"/> 31

Non-Collision

<input type="checkbox"/> 32 Overturn	<input type="checkbox"/> 32
<input type="checkbox"/> 33 Fire/Explosion	<input type="checkbox"/> 33
<input type="checkbox"/> 34 Immersion	<input type="checkbox"/> 34
<input type="checkbox"/> 35 Jackknife	<input type="checkbox"/> 35
<input type="checkbox"/> 36 Other Non-Collision	<input type="checkbox"/> 36

Driver Condition

Unit Number	Unit Number
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

88 Driver Factors (Or Pedestrians)

<input type="checkbox"/> 1 Appeared Normal	<input type="checkbox"/> 1
<input type="checkbox"/> 2 Reduced Alertness	<input type="checkbox"/> 2
<input type="checkbox"/> 3 Ability Impaired	<input type="checkbox"/> 3
<input type="checkbox"/> 4 Not Observed	<input type="checkbox"/> 4

89 Presence

<input type="checkbox"/> 5 Neither Alcohol nor Drugs Present	<input type="checkbox"/> 5
<input type="checkbox"/> 6 Yes—Alcohol Present	<input type="checkbox"/> 6
<input type="checkbox"/> 7 Yes—Drugs Present	<input type="checkbox"/> 7
<input type="checkbox"/> 8 Yes—Alcohol & Drugs Present	<input type="checkbox"/> 8
<input type="checkbox"/> 9 Unknown	<input type="checkbox"/> 9

90 Alcohol

AC Value AC Value

<input type="checkbox"/> 10 Test Not Given	<input type="checkbox"/> 10
<input type="checkbox"/> 11 Test Refused	<input type="checkbox"/> 11
<input type="checkbox"/> 12 Test Given, Alcohol Unknown	<input type="checkbox"/> 12
<input type="checkbox"/> 13 Test Given, No Alcohol Reported	<input type="checkbox"/> 13

91 Drugs

<input type="checkbox"/> 14 Test Not Given	<input type="checkbox"/> 14
<input type="checkbox"/> 15 Test Refused	<input type="checkbox"/> 15
<input type="checkbox"/> 16 Test Given, Drugs Unknown	<input type="checkbox"/> 16
<input type="checkbox"/> 17 Test Given, No Drugs Reported	<input type="checkbox"/> 17
<input type="checkbox"/> 18 Drugs Reported (Specify Below)	<input type="checkbox"/> 18
<input type="checkbox"/> 19 Marijuana	<input type="checkbox"/> 19
<input type="checkbox"/> 20 Cocaine	<input type="checkbox"/> 20
<input type="checkbox"/> 21 Opiates	<input type="checkbox"/> 21
<input type="checkbox"/> 22 Amphetamines	<input type="checkbox"/> 22
<input type="checkbox"/> 23 PCP	<input type="checkbox"/> 23
<input type="checkbox"/> 24 Other Drug Medication	<input type="checkbox"/> 24
<input type="checkbox"/> 25 Type Unknown	<input type="checkbox"/> 25

Unit # 2 3 4 5 6 7 8 9 10

Pedestrian 92

Location	Action
<input type="checkbox"/> 1 In Crosswalk	<input type="checkbox"/> 1 Walking not Facing Traffic
<input type="checkbox"/> 2 In Roadway	<input type="checkbox"/> 2 Disregarded Signal
<input type="checkbox"/> 3 Not in Roadway	<input type="checkbox"/> 3 Darting into Road
<input type="checkbox"/> 4 On Sidewalk	<input type="checkbox"/> 4 Dark Clothing
	<input type="checkbox"/> 5 Walking Facing Traffic

Manner of Collision 93

<input type="checkbox"/> 1 No Collision with Motor Vehicle in Transport
<input type="checkbox"/> 2 Rear-end
<input type="checkbox"/> 3 Head On
<input type="checkbox"/> 4 Rear to Rear
<input type="checkbox"/> 5 Angle
<input type="checkbox"/> 6 Sideswipe, Same Direction
<input type="checkbox"/> 7 Sideswipe, Opposite Direction
<input type="checkbox"/> 8 Unknown

Unit # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage 94

<input type="checkbox"/> 0 None
<input type="checkbox"/> 10 Undercarriage
<input type="checkbox"/> 11 Total (Damage to all Areas)
<input type="checkbox"/> 12 Other
<input type="checkbox"/> 13 Unknown

Extent of Damage 95

<input type="checkbox"/> 0 None	<input type="checkbox"/> 4 Severe
<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 5 Very Severe
<input type="checkbox"/> 2 Minor	<input type="checkbox"/> 6 Unknown
<input type="checkbox"/> 3 Moderate	

Vehicle Towed Due to Damage 96 (Y) (N) Vehicle Removed By: 97

Unit # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage 94

<input type="checkbox"/> 0 None
<input type="checkbox"/> 10 Undercarriage
<input type="checkbox"/> 11 Total (Damage to all Areas)
<input type="checkbox"/> 12 Other
<input type="checkbox"/> 13 Unknown

Extent of Damage 95

<input type="checkbox"/> 0 None	<input type="checkbox"/> 4 Severe
<input type="checkbox"/> 1 Very Minor	<input type="checkbox"/> 5 Very Severe
<input type="checkbox"/> 2 Minor	<input type="checkbox"/> 6 Unknown
<input type="checkbox"/> 3 Moderate	

Vehicle Towed Due to Damage 96 (Y) (N) Vehicle Removed By: 97

82 Fixed Object Struck

Unit # <input type="text"/>			
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Govt. Damage Tag # 83

PROPERTY OWNER <input type="text"/> 84	Last First M.I.
ADDRESS <input type="text"/> 85	Street & Number
City & State <input type="text"/> 86	ZIP Phone Number (<input type="text"/>) <input type="text"/> 87

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number					Unit Number				
1	2	3	4	5	1	2	3	4	5
6	7	8	9	10	6	7	8	9	10
<input type="radio"/> N/A					<input type="radio"/> N/A				

1	Exceeding Speed Limit	1
2	Speed too Fast/Condition	2
3	Fail to Yield Right of Way	3
4	Inattentive Driving	4
5	Following too Close	5
6	Improper Turn	6
7	Left of Center	7
8	Disregarded Traffic Control	8
9	Improper Overtaking	9
10	Unsafe Backing	10
11	Failure to have Control	11
12	Driver Condition	12
13	Physically Disabled	13
14	Other	14

Vehicle Factors

Unit Number					Unit Number				
1	2	3	4	5	1	2	3	4	5
6	7	8	9	10	6	7	8	9	10
<input type="radio"/> N/A					<input type="radio"/> N/A				

1	Brake System	1
2	Tires	2
3	Steering System	3
4	Turn Signals	4
5	Head Lamps	5
6	Stop Lamps	6
7	Tail Lamps	7
8	Disabled in Prior Accident	8
9	Other Disabled	9
10	Mirrors	10
11	Suspension System	11
12	Other	12

Highway Factors

Unit Number					Unit Number				
1	2	3	4	5	1	2	3	4	5
6	7	8	9	10	6	7	8	9	10
<input type="radio"/> N/A					<input type="radio"/> N/A				

1	Snow, Ice or Wet	1
2	Narrow shoulder	2
3	Low Shoulder	3
4	Soft Shoulder	4
5	Loose Gravel	5
6	Rough Pavement	6
7	Debris from Prior Accident	7
8	Other Debris	8
9	Sign Obscured or Missing	9
10	Narrow Bridge	10
11	Construction Zone	11
12	Visibility Obscured	12
13	Other	13

OFFICER INFORMATION

Last	First	M.I.
125		
Law Enforcement Agency Address		
126		
City & State		ZIP
127		
Phone Number		
() 128		
Agency #	Enforcement Agency	Officer ID #
129	130	131

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HR	MIN.	HR	MIN.	MONTH	DAY	YEAR
<input type="radio"/> Jan							<input type="radio"/> Jan		
<input type="radio"/> Feb	132		133		134		<input type="radio"/> Feb	135	
<input type="radio"/> Mar	0	0	0	0	0	0	<input type="radio"/> Mar	0	0
<input type="radio"/> Apr	1	1	1	1	1	1	<input type="radio"/> Apr	1	1
<input type="radio"/> May	2	2	2	2	2	2	<input type="radio"/> May	2	2
<input type="radio"/> June	3	3	3	3	3	3	<input type="radio"/> June	3	3
<input type="radio"/> July	4	4	4	4	4	4	<input type="radio"/> July	4	4
<input type="radio"/> Aug	5	5	5	5	5	5	<input type="radio"/> Aug	5	5
<input type="radio"/> Sept	6	6	6	6	6	6	<input type="radio"/> Sept	6	6
<input type="radio"/> Oct	7	7	7	7	7	7	<input type="radio"/> Oct	7	7
<input type="radio"/> Nov	8	8	8	8	8	8	<input type="radio"/> Nov	8	8
<input type="radio"/> Dec	9	9	9	9	9	9	<input type="radio"/> Dec	9	9

Truck & Bus Accident Information

(This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: *Did the accident involve...* 136

Part A

A truck with at least two axles and six tires? Y N

A truck with a hazardous materials placard? Y N

A bus designed to carry 16 or more persons, including the driver? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? Y N

Any injured person requiring transport for immediate medical treatment? Y N

One or more vehicles that had to be towed from the scene as a result of the accident? Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

137 • Hazardous Material Class Numbers (1-2digit):

• Hazardous Material "UN" Numbers (4 digit):

• Hazardous Material Placard Displayed? Y N

• Hazardous Cargo was Released? Y N

List the Hazardous Material(s) by name in this load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information

Carrier Identification Numbers

US DOT	140	LC
ICC MC		IC
Carrier Address		142

Source: Vehicle Side 141 Shipping Papers Trip Manifest Driver Log Book

Vehicle Information

Gross Vehicle Weight Rating 143 LBS Total # of Axles 144

Vehicle Configuration 145

1 Bus	3 Single unit truck + 3 axles	5 Truck/Tractor	7 Tractor/Doubles	9 Unknown Heavy Truck
2 Single unit truck, 2 axles, 6 tires	4 Truck/Trailer	6 Tractor/Semi-Trailer	8 Tractor/Triples	10 Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 146 (Mark a total of one to four events in the order that they occurred.)

1 Ran off Road	1 Collision involving motor vehicle in transp.
2 Jackknife	2 Collision involving parked motor vehicle
3 Overturn (Rollover)	3 Collision involving train
4 Downhill Runaway	4 Collision involving pedalcycle
5 Cargo Loss or Shift	5 Collision involving animal
6 Explosion or Fire	6 Collision involving fixed object
7 Separation of Units	7 Collision involving other object
8 Collision involving pedestrian	8 Other

Cargo Body Type 147

1 Bus	6 Concrete Mixer
2 Van/Enclosed box	7 Auto Transporter
3 Cargo Tank	8 Garbage/Refuse
4 Flatbed	9 Other
5 Dump	10 Log Truck

MOTOR VEHICLE FATAL SUPPLEMENT REPORT

Wisconsin Department of Transportation
MV3480 991

1. Document Number
(From MV4000)

ACCIDENT INFORMATION

2. Accident Date (Mo-Day-Yr)	3. No. of Travel Lanes	4. Time Ambulance NOTIFIED AM PM	5. Time Ambulance Arrived at SCENE AM PM	6. Time Ambulance Arrived at HOSPITAL AM PM
7. Roadway Surface Type 1 Concrete 2 Blacktop (Bituminous) 3 Brick or Block 4 Slag, Gravel or Stone 5 Dirt 8 Other	8. Roadway Profile 1 Level 2 Grade 3 Hillcrest 4 Sag	9. Special Jurisdiction 0 No Special Jurisdiction 1 National Park Service 2 Military 3 Indian Reservation 4 College/University Campus 5 Other Federal Properties	10. Relation To Roadway 1 On Roadway 2 Shoulder 3 Median 4 Roadside 5 Outside Right of Way 6 Off Roadway - Location Unknown 7 In Parking Lane 8 Gore	11. Trafficway Flow 1 Not Physically Divided (Two Way Trafficway) 2 Divided Highway, Median Strip (Without Traffic Barrier) 3 Divided Highway, Median Strip (With Traffic Barrier) 4 One Way Trafficway

VEHICLE INFORMATION

12. Special Use 0 No Special Use 1 Taxi 2 Vehicle Used as School Bus 3 Vehicle Used as Other Bus 4 Military 5 Police 6 Ambulance 7 Fire Truck	13. Emergency Use Y/N See s.340.01(3), 346.03 Wis. Stats.	14. Fire Y/N	15. Estimated Travel Speed
Unit 1	Unit 1	Unit 1	Unit 1
Unit 2	Unit 2	Unit 2	Unit 2
Unit 3	Unit 3	Unit 3	Unit 3

SURVIVING DRIVER INFORMATION

Unit 1	16. NAME First MI Last	17. Ejected Y/N	18. Extricated Y/N
19. Alcohol Test Given Y/N	20. Alcohol Test Results-Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	21. Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	22. Drug Test Given Y/N 23. Drug Test Type - Circle One Blood Urine 24. Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown
Unit 2	NAME First MI Last	Ejected Y/N	Extricated Y/N
Alcohol Test Given Y/N	Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	Drug Test Given Y/N Drug Test Type - Circle One Blood Urine Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown
Unit 3	NAME First MI Last	Ejected Y/N	Extricated Y/N
Alcohol Test Given Y/N	Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	Drug Test Given Y/N Drug Test Type - Circle One Blood Urine Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown

FATALITY INFORMATION

25. Name - First MI Last	26. Ejected Y/N	27. Extricated Y/N	28. Date of Death	29. Time of Death
1.				AM PM
2.				AM PM
3.				AM PM
30. Officer Completing Report - Print Name	31. Officer ID No	32. Enforcement Agency Name	33. Report Date	

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.