PS-32003-06 (1-91)

STATE OF MINNESOTA – DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT REPORT

(FOR POLICE USE ONLY AS REQUIRED BY STATUTE)

PAGE _____ OF _____

FOR DPS USE ONLY

LOCAL CASE NO.

HIT-AND-RUN ☐ ATTENDED ☐ UNATTENDED | PDO PROP | VEHICLES | KILLED | INJURED | S 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 CLEVI | 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	FACTOR 1
FACTOR 2	NAME (FIRST, MIDDLE, LAST)							RSTRCTNS COMPLIED	WTHDRWN	NAME (FIRST, MIDDLE, LAST)				RSTRCTNS COMPLIED	WTHDRWN	FACTOR 2
MNUVER	ADDRESS							DATE OF BIRTH		ADDRESS				DATE OF BIRTH		MNUVER
PHYSCL	CITY, STATE, ZIP									CITY, STATE, ZIP						PHYSCL
RCOMND	ADDRESS CORRECT	SEX	EJECT	RSTRNT	INJCOD	TO HOSP	TRANSPORT ☐ AMBULANCE ☐ OTHER			ADDRESS CORRECT	SEX	EJECT	RSTRNT	INJCOD	TO HOSP	TRANSPORT ☐ AMBULANCE ☐ OTHER	RCOMND

VEHTYP	OWNER NAME							OWNER NAME							VEHTYP
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			DMGLOC
DMGSEV	PLATE #		STATE	YEAR	INSURANCE			PLATE #		STATE	YEAR	INSURANCE			DMGSEV

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)

TXDOBJ

ON BRIDGE

LOCATN

RDWORK

RDESGN

RDSURF

RDCHAR

NORTH

DESCRIPTION, CHARGES PENDING, AND OR CITATIONS ISSUED

DEVICE

WORKING

SPEED LIMIT

INTREL

WEATHER

PHOTOS TAKEN

LIGHT

DIAGRAM

OFFICER RANK, NAME, BADGE #, AND AGENCY

☐ PATROL ☐ LOCAL ☐ SHERIFF ☐ OTHER

UNIT	MOTOR CARRIER			HAZ MAT	HAZ PLAC	MATL CLASS/ID	MATL CLASS/ID	MATL CLASS/ID		BDY TYP	
ADDRESS				MOTOR CARRIER ID			MC SOURCE	AXLES DOWN	AXLES UP	TRAILER HITCH	
CITY, STATE, ZIP				ICC #			INSPECTOR #			GVWR	

SEND ORIGINAL WITHIN 10 DAYS OF ACCIDENT TO

PS-07093-04
(7-95)

MINNESOTA DEPARTMENT OF PUBLIC SAFETY

FATALITY REPORT

Page _____ of _____

(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 Notified
Contributing Weather? ☐Yes ☐No If Yes, What Kind? _____		Contributing Road Condition? ☐Yes ☐No If Yes, What Kind? _____	Time Ambulance Arrived at Scene
SPECIAL JURISDICTION: ☐ No special Jurisdiction ☐ Campus ☐ Indian Reservation ☐ Military ☐ National Park ☐ Other		If present, traffic controls functioning: ☐ Good ☐ Poor ☐ Not at all ☐ None Present	Time Ambulance Arrived at Hospital
Divider Type ☐ Median W/Barrier ☐ Median No Barrier ☐ Unknown ☐ None		Road Surface Type ☐ Concrete ☐ Blacktop ☐ Brick/Block ☐ Dirt ☐ Gravel	

B UNIT INFORMATION

UNIT NO. 1 — VEHICLE 1

Vehicle Make/Model	
Rollover	☐ Yes ☐ No ☐ Unknown
Jackknife	☐ 1st Event ☐ Subsequent ☐ NO ☐ NA
Travel Speed	(MPH)
Towing a Trailer	☐ Yes ☐ No ☐ Unknown
Special Use	☐ No ☐ Taxi ☐ School Bus ☐ Bus ☐ Unknown ☐ Military ☐ Police ☐ Ambulance ☐ Firetruck
Emergency Use	☐ Yes ☐ No ☐ Unknown
Avoidance Maneuver	☐ Braking ☐ Steering ☐ Both ☐ Other ☐ None
Violations Charged	☐ None ☐ Alcohol/Drugs ☐ Speed ☐ Susp/Rev. ☐ Reckless ☐ Other Move-Viol. ☐ Non Move-Viol. ☐ Viol.-Type Unknown/Other ☐ Unknown
Truck/Bus Type	☐ Cab Over Engine ☐ Cab Behind Engine ☐ NA

CIRCLE FIRST POINT OF IMPACT — FRONT REAR

CIRCLE WORST POINT OF IMPACT — FRONT REAR

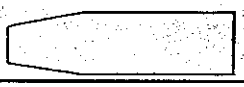
PERSON INFORMATION (By Seat Position)

1 2 3 4 5 6 7 8 9	1	2	3	4	5	6	7	8	9	Other
ALCOHOL: Test Taken? (Y/N) or UNK										
ALCOHOL: Test Type? Blood, Urine, Etc. (B/U)										
ALCOHOL: Test Results? (BAC)										
DRUGS/ CODES: 0 - No Test, 1 - No Drugs, 2 - Narcotics, 3 - Depressant, 4 - Stimulant, 5 - Hallucinogen, 6 - Cannabinoid, 7 - PCP, 8 - OTHER: Test Taken? (Y/N) or UNK										
DRUGS/ CODES: Test Type? Blood, Urine										
DRUGS/ CODES: Test Results? (SEE CODES)										
EJECTED THROUGH: F = FRONT S = SIDE										
W = Windshield D = Door Etc. or NA										
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	
Rollover	☐ Yes ☐ No ☐ Unknown
Jackknife	☐ 1st Event ☐ Subsequent ☐ NO ☐ NA
Travel Speed	(MPH)
Towing a Trailer	☐ Yes ☐ No ☐ Unknown
Special Use	☐ No ☐ Taxi ☐ School Bus ☐ Bus ☐ Unknown ☐ Military ☐ Police ☐ Ambulance ☐ Firetruck
Emergency Use	☐ Yes ☐ No ☐ Unknown
Avoidance Maneuver	☐ Braking ☐ Steering ☐ Both ☐ Other ☐ None
Violations Charged	☐ None ☐ Alcohol/Drugs ☐ Speed ☐ Susp/Rev. ☐ Reckless ☐ Other Move-Viol. ☐ Non Move-Viol. ☐ Viol.-Type Unknown/Other ☐ Unknown
Truck/Bus Type	☐ Cab Over Engine ☐ Cab Behind Engine ☐ NA

CIRCLE FIRST POINT OF IMPACT — FRONT REAR

CIRCLE WORST POINT OF IMPACT — FRONT  REAR

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SHOULDER BELT USE (Y/N)										