6762928

Amended Document | On Emergency

Wisconsin Motor Vehicle Accident Report

Document Number Override

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

Reportable Accident Y N

County	MUN/TWP	Accident Date (Month / Day / Year)	Time of Accident (Military Time) (Hour / Min.)	Total Number (Units / Injured / Killed)
0 0	0 0	Jan	0 0 0 0	0 0 0 0 0
1 1	1 1	Feb	1 1 1 1	1 1 1 1 1
2 2	2 2	Mar 0 0 0 0	2 2 2 2	2 2 2 2 2
3 3	3 3	Apr 1 1 1	3 3 3 3	3 3 3 3 3
4 4	4 4	May 2 2 2	4 4 4 4	4 4 4 4 4
5 5	5 5	June 3 3 3	5 5 5 5	5 5 5 5 5
6 6	6 6	July 4 4	6 6	6 6 6 6 6
7 7	7 7	Aug 5 5	7 7	7 7 7 7 7
8 8	8 8	Sept 6 6	8 8	8 8 8 8 8
9 9	9 9	Oct 7 7	9 9	9 9 9 9 9
		Nov 8 8		
		Dec 9 9 9		

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

Unit #

Sheet No. Of

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

LATITUDE (GPS) Degrees: Minutes: Seconds:

LONGITUDE (GPS) Degrees: Minutes: Seconds:

ON Hwy No. and Street Name

Estimated FT. MI. N W E S

FROM/AT Hwy No. and Street Name

House # Fire # Other
Utility # Railroad #

Agency Space

Special Study 1 2 3 4

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7	0 1 2 3 4 5 6 Other	N W E S

Speed Limit	OPERATOR NAME Last	First	M.I.
0 0 1 5 2 3 4 5 6 NA	25		
	ADDRESS Street & Number 26		
	City & State 27	ZIP	Phone Number ( ) 28
	Driver's License Number 29	State 30	Exp. Year 31

Date of Birth	Sex	Operating as Classified:	Class (Mark Only One)	Endorse (Mark All That Apply)
32	M F		A D B M C O	H P T N S F

On Duty Accident: P Police, E EMT/First Responder, F Fire Fighter, H Winter Hwy Maintenance

CMV Y N

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
K N A B C	39	40	1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown	1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown

TRAPPED/EXTRICATED: 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown

Medical Transport Y N

Vehicle Owner Same Y N | Last Name 46 | First | M.I.

Street Address 47

City & State 48 | ZIP | Phone Number ( ) 49

Year of Vehicle 50 | Make 51 | Model 52 | Body Style 53 | Color 54

Vehicle ID Number 55

License Plate Number 56 | Plate Type 57 | State 58 | Exp. Year 59

Policy Holder's Name Same Y N 61 | Citation 0 1 2 3

Liability Insurance Company 63 | Stat. # 64

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10

NAME Last | First | M.I.

ADDRESS Street & Number | City & State | ZIP

Date of Birth | Sex M F | Severity K N A B C | SEAT Position | SAFETY Equipment | AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown

Address Same as Operator Yes No

EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown

TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown

Medical Transport Y N

Agency Space

EMS Number

MV4000 1296

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

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex M F	Severity K N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
1 2 3 4 5 / 6 7 8 9 10	ADDRESS Street & Number		City & State		ZIP				
Address Same as Operator Yes / No	EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/ EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped Extricated 4 Trapped Not Extricated 5 Unknown		Medical Transport Y N	Agency Space			

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex M F	Severity K N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
1 2 3 4 5 / 6 7 8 9 10	ADDRESS Street & Number		City & State		ZIP				
Address Same as Operator Yes / No	EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/ EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped Extricated 4 Trapped Not Extricated 5 Unknown		Medical Transport Y N	Agency Space			

Type of Accident

First Harmful Event

Most Harmful Event

Unit Number	Unit Number
1 2 3 4 5 / 6 7 8 9 10	1 2 3 4 5 / 6 7 8 9 10

(select one per vehicle)

Collision With Object Not Fixed

1	Motor Vehicle in Transport	1
2	Parked Motor Vehicle	2
3	Deer	3
4	Pedalcycle	4
5	Pedestrian	5
6	Railway Train	6
7	Other Animal	7
8	Motor Vehicle in Transport In Other Roadway	8
9	Other Object (Not Fixed)	9

Collision With Fixed Object

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

Non-Collision

32	Overturn	32
33	Fire Explosion	33
34	Immersion	34
35	Jackknife	35
36	Other Non-Collision	36

Driver Condition

Unit Number	Unit Number
1 2 3 4 5 / 6 7 8 9 10	1 2 3 4 5 / 6 7 8 9 10

Driver Factors (Or Pedestrians)

1	Appeared Normal	1
2	Reduced Alertness	2
3	Ability Impaired	3
4	Not Observed	4

Presence

5	Neither Alcohol nor Drugs Present	5
6	Yes—Alcohol Present	6
7	Yes—Drugs Present	7
8	Yes—Alcohol & Drugs Present	8
9	Unknown	9

Alcohol

AC Value	AC Value

10	Test Not Given	10
11	Test Refused	11
12	Test Given, Alcohol Unknown	12
13	Test Given, No Alcohol Reported	13

Drugs

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

Unit # 2 3 4 5 6 7 8 9 10

Pedestrian

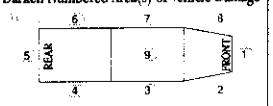
Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darting into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

Manner of Collision

1 No Collision with Motor Vehicle in Transport
2 Rear-end
3 Head On
4 Rear to Rear
5 Angle
6 Sideswipe, Same Direction
7 Sideswipe, Opposite Direction
8 Unknown

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

Darken Numbered Area(s) of Vehicle Damage



0 None
10 Undercarriage
11 Total (Damage to all Areas)
12 Other
13 Unknown

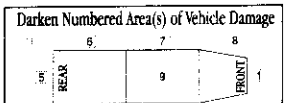
Extent of Damage
0 None
1 Very Minor
2 Minor
3 Moderate
4 Severe
5 Very Severe
6 Unknown

Vehicle Towed Due to Damage Y N

Vehicle Removed By:

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

Darken Numbered Area(s) of Vehicle Damage



0 None
10 Undercarriage
11 Total (Damage to all Areas)
12 Other
13 Unknown

Extent of Damage
0 None
1 Very Minor
2 Minor
3 Moderate
4 Severe
5 Very Severe
6 Unknown

Vehicle Towed Due to Damage Y N

Vehicle Removed By:

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #

Govt. Damage Tag #

PROPERTY OWNER Last First M.I.

ADDRESS Street & Number

City & State ZIP Phone Number

Draw Diagram of Accident & Indicate North with an arrow in the circle

Pictorial Representation of Narrative

Supplemental Reports	Y N	Witness Statements	Y N	Measurements Taken	Y N

Skidmarks to Impact

Unit 1		Unit 2
	FEET	

Surface Type: _____

NARRATIVE

Photos By:

What Drivers Were Doing

Unit Number		Unit Number
1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
1	Going Straight	1
2	Making Left Turn	2
3	Making Right Turn	3
4	Slowing or Stopping	4
5	Stopped in Traffic	5
6	Legally Parked	6
7	Violating No Passing Zone	7
8	Illegally Parked	8
9	Parking Maneuver	9
10	Backing Maneuver	10
11	Changing Lanes	11
12	Overtaking on left	12
13	Overtaking on right	13
14	Making U Turn	14
15	Turning on red	15
16	Merging	16
17	Negotiating Curve	17
18	Other	18

WITNESS NAME Last	First	M.I.
ADDRESS Street & Number	Date of Birth	
City & State / ZIP	Phone Number ( )	

ACCESS CONTROL
1 No Control (Unlimited Access)
2 Full Control (Only Ramp Entry/Exit)
3 Partial Control

ROAD TERRAIN
Part A
1 Straight
2 Curve
Part B
3 Level/Flat
4 Hill

LIGHT CONDITION
1 Daylight
2 Dark—Not Lighted
3 Dark—Lighted
4 Dawn
5 Dusk
6 Unknown

TRAFFIC WAY
1 Not Physically Divided (2-Way Traffic)
2 Divided Highway, Median Strip, without Traffic Barrier
3 Divided Highway, Median Strip, with Traffic Barrier
4 One-Way Traffic
5 Parking Lot or Private Property

ROAD SURFACE CONDITION
1 Dry
2 Wet
3 Snow/Slush
4 Ice
5 Sand, Mud, Dirt, Oil
6 Other
7 Unknown

WEATHER
1 Clear
2 Cloudy
3 Rain
4 Snow
5 Fog, Smog, Smoke
6 Sleet, Hail (Freezing Rain or Drizzle)
7 Blowing Sand, Soil, Dirt, Snow
8 Severe Crosswinds
9 Other
10 Unknown

RELATION TO ROADWAY
1 On Roadway
2 Parking Lot or Private Property
3 Shoulder (Other than Shoulder within Median or Gore)
4 Median (Other than Median within Gore)
5 Outside Shoulder—Left
6 Outside Shoulder—Right
7 Off Roadway—Location Unknown
8 Gore (Area between Ramp & Highway)
9 On Ramp
10 Unknown

Traffic Control

Unit Number		Unit Number
1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
1	No Control	1
2	Traffic Signal Operating	2
3	Traffic Signal Flashing	3
4	Stop Sign	4
5	Stop Sign with Flasher	5
6	Warning	6
7	Warn sign with Flasher	7
8	Yield Sign	8
9	Traffic Control Person	9
10	RR-xing Signal	10
11	Other	11

DPS Form 27
Rev. 3-97

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT
FATAL CRASH SUPPLEMENT

COUNTY _____ **DETACHMENT** _____

DRIVER #1 _____
DRIVER #2 _____
OTHER _____

CORRECTIVE LENSES OR CONTACTS
DRIVER: _____
DRIVER: _____

ROADWAY FLOW:
- ☐ DIVIDED HIGHWAY
- ☐ (IF YES, CHECK ONE OF THE FOLLOWING)
  - ☐ MEDIAN STRIP
  - ☐ GUARD RAIL
  - ☐ OTHER BARRIER
- ☐ NOT PHYSICALLY DIVIDED
- ☐ ONE WAY TRAFFICWAY

TRAVEL SPEED:

	ACTUAL	ESTIMATED	UNKNOWN
DRIVER #1	_____	_____	_____
DRIVER #2	_____	_____	_____

ESTIMATED EMS TIMES:

	CALLED	ARRIVED	DEPARTED
UNIT# _____	_____	_____	_____
UNIT# _____	_____	_____	_____
UNIT# _____	_____	_____	_____

HELMET USAGE
(MOTORCYCLIST/PEDALIST)
☐ YES ☐ NO

CHILD SAFETY SEAT
☐ YES ☐ NO
☐ IMPROPERLY USED

EMS ARRIVAL TIME AT HOSPITAL _____
(IF MORE THAN ONE UNIT RESPONDS, LIST TIME FOR FIRST UNIT ARRIVING AT HOSPITAL)

CRASH AVOIDANCE MANEUVER (MARK FOR EACH VEHICLE)

NO AVOIDANCE MANEUVER	VEHICLE# _____	BRAKING (SKIDMARKS EVIDENT)	VEHICLE# _____
STEERING (EVIDENCE STATED)	VEHICLE# _____	BRAKING (NO SKIDMARKS, DRIVER STATED)	VEHICLE# _____
STEERING & BRAKING (EVIDENCE OR STATED)	VEHICLE# _____	OTHER AVOIDANCE MANEUVER	VEHICLE# _____

METHOD OF ALCOHOL/DRUG DETERMINATION
(LIST NAME, VEHICLE# AND TEST FOR ALL PASSENGERS INVOLVED)

NAME:	VEH#:	NAME	VEH#:
☐ EVIDENTIAL TEST (BREATH, BLOOD OR URINE)		☐ EVIDENTIAL TEST (BREATH, BLOOD OR URINE)	
☐ PBT		☐ PBT	
☐ FIELD SOBRIETY TESTING		☐ FIELD SOBRIETY TESTING	
☐ OBSERVATION		☐ OBSERVATION	
☐ DRUG USE SUSPECTED		☐ DRUG USE SUSPECTED	

EJECTION PATH
LIST NAME, VEHICLE, AND PATH OF THOSE EJECTED

NAME:	VEH#:	NAME:	VEH#:
☐ SIDE DOOR	☐ SIDE WINDOW	☐ SIDE DOOR	☐ SIDE WINDOW
☐ BACK WINDOW		☐ BACK WINDOW	
☐ WINDSHIELD		☐ WINDSHIELD	
☐ BACK DOOR/TAILGATE		☐ BACK DOOR/TAILGATE	
☐ ROOF OPENING (CONVERTIBLE TOP UP)		☐ ROOF OPENING (CONVERTIBLE TOP UP)	
☐ OTHER PATH (BED OF PICKUP TRUCK)		☐ OTHER PATH (BED OF PICKUP TRUCK)	

AIR BAG FUNCTION

☐ DEPLOYED	VEHICLE# _____	☐ DRIVER SIDE	☐ PASSENGER SIDE
☐ NON-DEPLOYED	VEHICLE# _____	☐ DRIVER SIDE	☐ PASSENGER SIDE

DATE OF DEATH: _____ **TIME OF DEATH:** _____ **DATE OF DEATH:** _____ **TIME OF DEATH:** _____

SEND ORIGINAL TO: TRAFFIC RECORDS SECTION, FATAL ANALYSIS REPORTING SYSTEM (NO COPIES NEEDED)