

# MINNESOTA MOTOR VEHICLE ACCIDENT REPORT

PS 32001 - 08

The information on this report is used to help build safer roads.

Every driver in a crash involving \$1,000 or more in property damage, or injury or death, **MUST COMPLETE** this form and send it to **Driver and Vehicle Services** within 10 days. Failure to provide this information is a misdemeanor under Minnesota Statute 169.09, subdivision 7. See reverse side for address and for data privacy information.

## DRIVER'S TRAFFIC ACCIDENT REPORT

E-form available at [www.mndriveinfo.org](http://www.mndriveinfo.org)

DO NOT DETACH

<b>A</b> T I M E - P L A C E	DATE OF ACCIDENT	MONTH	DAY	YEAR	DAY OF WEEK	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	TOTAL # OF VEHICLES INVOLVED	COUNTY	NAME OF CITY OR TOWNSHIP <input type="checkbox"/> CITY <input type="checkbox"/> TWP						
	<b>ACCIDENT OCCURRED</b> (Choose only one box below and proceed to the right)		LOCATION OF ACCIDENT:													
	<input type="checkbox"/> AT INTERSECTION	ON:	(Street Name or Road Number)			AT:	(Street Name or Road Number)									
<input type="checkbox"/> NOT AT INTERSECTION	ON:	(Street Name or Road Number)			DISTANCE	(Number)	DIRECTION	<input type="checkbox"/> MILES <input type="checkbox"/> FEET	<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	FROM:	(Street Name or Road Number)				
<input type="checkbox"/> IN PARKING LOT	DESCRIBE LOCATION:															
<b>B</b> M Y V E H I C L E	DRIVER'S FULL NAME											ADDRESS	CITY	STATE	ZIP CODE	INJURY CODE*
	DRIVER'S LICENSE NUMBER				CLASS	STATE OF ISSUE	DATE OF BIRTH	SEX								
	OWNER'S FULL NAME											ADDRESS	CITY	STATE	ZIP CODE	
	LICENSE PLATE NUMBER			YEAR	STATE OF ISSUE	PARTS OF VEHICLE DAMAGED			ESTIMATE COST TO REPAIR							
	TYPE (CAR, PICKUP, VAN, SUV, MOTORCYCLE, TRUCK, ETC.)			MAKE	MODEL	YEAR	COLOR	# OF OCCUPANTS								
<b>C</b> I N S U R A N C E	<b>GIVE FULL LIABILITY INSURANCE INFORMATION OR IT WILL BE ASSUMED YOU DID NOT HAVE INSURANCE</b>															
	PLEASE NAME OF INSURANCE COMPANY (NOT AGENCY) _____															
	COPY FROM POLICY NUMBER _____ Policy Period: from _____ to _____															
	Name of Policy Holder _____ Address _____ Your Signature <b>X</b>															
<b>C</b> O T H E R V E H I C L E	OTHER DRIVER FULL NAME											ADDRESS	CITY	STATE	ZIP CODE	INJURY CODE*
	OTHER DRIVER LICENSE NUMBER				CLASS	STATE OF ISSUE	DATE OF BIRTH	SEX								
	OTHER OWNER FULL NAME											ADDRESS	CITY	STATE	ZIP CODE	
	OTHER OWNER LICENSE PLATE NUMBER			YEAR	STATE OF ISSUE	PARTS OF VEHICLE DAMAGED			ESTIMATE COST TO REPAIR							
	OTHER OWNER TYPE (CAR, PICKUP, VAN, SUV, MOTORCYCLE, TRUCK, ETC.)			MAKE	MODEL	YEAR	COLOR	# OF OCCUPANTS								

IF MORE THAN TWO VEHICLES - FILL IN SECTION "C" ON SEPARATE FORM AND ATTACH

### ENTER NUMBER FOR CORRECT RESPONSE IN EACH BOX BELOW

<input type="checkbox"/>	<b>TYPE ACCIDENT</b> <b>COLLISION WITH A/N</b> 1- MOTOR VEHICLE 2- PARKED MOTOR VEHICLE 3- ROADWAY EQUIPMENT - SNOWPLOW 4- ROADWAY EQUIPMENT - OTHER 5- TRAIN 6- PEDALCYCLE, BIKE, ETC. 7- PEDESTRIAN	<input type="checkbox"/>	8- DEER 9- OTHER ANIMAL 12- COLLISION WITH OTHER TYPE OF NON-FIXED OBJECT 13- OTHER COLLISION TYPE	<input type="checkbox"/>	<b>COLLISION WITH FIXED OBJECT</b> 21- CONSTRUCTION EQUIPMENT 22- TRAFFIC SIGNAL 23- RR CROSSING DEVICE 24- LIGHT POLE 25- UTILITY POLE 26- SIGN STRUCTURE 27- MAILBOXES 28- OTHER POLES	<input type="checkbox"/>	29- HYDRANT 30- TREE/SHRUBBERY 31- BRIDGE PIERS 32- MEDIAN SAFETY BARRIER 33- CRASH CUSHION 34- GUARDRAIL 35- FENCE (NON-MEDIAN BARRIER) 36- CULVERT/HEADWALL	<input type="checkbox"/>	37- EMBANKMENT/DITCH/CURB 38- BUILDING/WALL 39- ROCK OUTCROPS 40- PARKING METER 41- OTHER FIXED OBJECT 42- UNKNOWN FIXED OBJECT	<input type="checkbox"/>	<b>NON-COLLISION</b> 51- OVERTURN/ROLLOVER 52- SUBMERSION 53- FIRE/EXPLOSION 54- JACKKNIFE 55- LOSS/SPILLAGE NON-HAZ MAT 56- LOSS/SPILLAGE HAZ MAT 64- NON-COLLISION OF OTHER TYPE 65- NON-COLLISION OF UNKNOWN TYPE
<input type="checkbox"/>	<b>WORK ZONE</b> (CIRCLE CORRECT RESPONSE) DID THE CRASH OCCUR IN A WORK ZONE?	<input type="checkbox"/>	<b>IF YES, WERE WORKERS PRESENT?</b>	<input type="checkbox"/>	<b>SPEED LIMIT</b> ENTER POSTED SPEED LIMIT ( NOT YOUR TRAVEL SPEED)	<input type="checkbox"/>	<b>WEATHER / ATMOSPHERE</b> 1- CLEAR 2- CLOUDY 3- RAIN 4- SNOW 5- SLEET/HAIL/FREEZING RAIN 6- FOG/SMOG/SMOKE 7- BLOWING SAND/DUST/SNOW 8- SEVERE CROSSWINDS 90- OTHER	<input type="checkbox"/>	<b>LIGHT CONDITION</b> 1- DAY LIGHT 2- BEFORE SUNRISE (DAWN) 3- AFTER SUNSET (DUSK) 4- DARK (STREET LIGHTS ON) 5- DARK (STREET LIGHTS OFF) 6- DARK (NO STREET LIGHTS) 7- DARK (UNKNOWN LIGHTING) 90- OTHER	<input type="checkbox"/>	<b>MANNER OF COLLISION</b> 1- REAR END 2- SIDESWIPE - SAME DIRECTION 3- LEFT TURN 4- RAN OFF ROAD - LEFT SIDE 5- RIGHT ANGLE ("T-BONE") 6- RIGHT TURN 7- RAN OFF ROAD - RIGHT SIDE 8- HEAD ON 9- SIDE SWIPE - OPPOSING DIRECTION 90- OTHER
<input type="checkbox"/>	<b>ROAD SURFACE</b> 1- DRY 2- WET 3- SNOW 4- SLUSH 5- ICE PACKED SNOW 6- WATER (STANDING/MOVING) 7- MUDDY 8- DEBRIS 9- OILY 90- OTHER	<input type="checkbox"/>	<b>TRAFFIC CONTROL DEVICE</b> 1- TRAFFIC SIGNAL 2- OVERHEAD FLASHERS 3- STOP SIGN - ALL APPROACHES 4- STOP SIGN - NOT ALL APPROACHES 5- YIELD SIGN 6- OFFICER/FLAG PERSON/SCHOOL PATROL 7- SCHOOL BUS STOP ARM 8- SCHOOL ZONE SIGN 9- NO PASSING ZONE 10- RR CROSSING GATE 11- RR CROSSING - FLASHING LIGHTS 12- RR CROSSING - STOP SIGN 13- RR OVERHEAD FLASHERS 14- RR OVERHEAD FLASHERS/GATE 15- RR SIGN ONLY (NO LIGHTS, GATES OR STOP SIGN) 90- OTHER 98- NOT APPLICABLE	<input type="checkbox"/>	<b>ACTIONS / MANEUVERS PRIOR TO ACCIDENT</b> <b>BY VEHICLE</b> 1- GOING STRAIGHT AHEAD 2- FOLLOWING ROADWAY 3- WRONG WAY INTO OPPOSING TRAFFIC 4- STOP SIGN ON RED 5- LEFT TURN ON RED 6- MAKING RIGHT TURN 7- MAKING LEFT TURN 8- MAKING U-TURN 9- STARTING FROM PARKED POSITION 10- STARTING IN TRAFFIC 11- SLOWING IN TRAFFIC 12- STOPPED IN TRAFFIC 13- ENTERING PARKED POSITION 14- AVOID UNIT/OBJECT IN ROAD 15- CHANGING LANES 16- OVERTAKING/PASSING 17- MERGING 18- BACKING 19- STALLED ON ROADWAY <b>PARKED VEHICLES</b> 21- PARKED LEGALLY 22- PARKED ILLEGALLY 23- VEHICLE STOPPED OFF ROADWAY <b>BY PEDESTRIAN</b> 31- CROSSING WITH SIGNAL 32- CROSSING AGAINST SIGNAL 33- DARTING INTO TRAFFIC 34- OTHER IMPROPER CROSSING 35- CROSSING IN A MARKED CROSSWALK 36- CROSSING (NO SIGNAL OR CROSSWALK) 37- FAIL TO YIELD RIGHT OF WAY TO TRAFFIC 38- INATTENTION/DISTRACTION 39- WALKING/RUNNING IN ROAD WITH TRAFFIC <b>BY BICYCLIST</b> 40- WALKING/RUNNING IN ROAD AGAINST TRAFFIC 41- STANDING/LYING IN ROAD 42- EMERGING FROM BEHIND PARKED VEHICLE 43- CHILD GETTING ON/OFF SCHOOL BUS 44- PERSON GETTING ON/OFF VEHICLE 45- PUSHING/WORKING ON VEHICLE 46- WORKING IN ROADWAY 47- PLAYING IN ROADWAY 48- NOT IN ROADWAY 51- RIDING WITH TRAFFIC 52- RIDING AGAINST TRAFFIC 53- MAKING RIGHT TURN 54- MAKING LEFT TURN 55- MAKING U-TURN 56- RIDING ACROSS ROAD 57- SLOWING/STOPPING/STARTING 90- OTHER	<input type="checkbox"/>	<b>DIRECTION OF TRAVEL PRIOR TO ACCIDENT</b> 1- NORTHBOUND 2- NORTH EASTBOUND 3- EASTBOUND 4- SOUTH EASTBOUND 5- SOUTHBOUND 6- SOUTH WESTBOUND 7- WESTBOUND 8- NORTH WESTBOUND				
<b>CONTINUE REPORT ON OTHER SIDE</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THERE A POLICE OFFICER AT THE SCENE?		IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE PATROL)					

\*SEE CODES ON REVERSE SIDE\*



DO NOT DETACH

**THIS SECTION IS TO BE FILLED OUT BY THE HOME OFFICE OF THE INSURANCE COMPANY ONLY**

(Commissioner of Public Safety to forward this form to Insurance Company for verification)

**ATTENTION INSURANCE COMPANY: PLEASE RETURN THIS FORM TO THE ADDRESS BELOW WITHIN 15 DAYS ONLY IF POLICY WAS NOT IN EFFECT AT THE TIME OF THE ACCIDENT.**

To: Department of Public Safety  
Driver and Vehicle Services  
Accident Records  
445 Minnesota Street, Suite 181  
St. Paul, Minnesota 55101-5181

We hereby advise you that the policyholder named on the reverse side did **NOT** have a policy in effect at the time of accident.

Date: \_\_\_\_\_ By: \_\_\_\_\_  
*Authorized Representative of Insurance Company*

**DO NOT FILL OUT SHADED BOX ABOVE - COMPLETE ALL INFORMATION ON SHEET BELOW.**

**DRIVER'S TRAFFIC ACCIDENT REPORT**

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DO NOT DETACH

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	<b>ACCIDENT OCCURRED</b> (Choose only one box below and proceed to the right)		LOCATION OF ACCIDENT								
	<input type="checkbox"/> AT INTERSECTION	➔	ON: _____ (Street Name or Road Number)				AT: _____ (Street Name or Road Number)				
	<input type="checkbox"/> NOT AT INTERSECTION	➔	LOCATION OF ACCIDENT:		DISTANCE		DIRECTION				
<input type="checkbox"/> IN PARKING LOT	➔	ON: _____ (Street Name or Road Number)		_____ (Number)		<input type="checkbox"/> MILES <input type="checkbox"/> FEET	<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	FROM: _____ (Street Name or Road Number)		
	DESCRIBE LOCATION:										
<b>B</b> M Y V E H I C L E	DRIVER'S FULL NAME		ADDRESS			CITY		STATE	ZIP CODE		<b>INJURY CODE*</b>
	DRIVER'S LICENSE NUMBER		CLASS	STATE OF ISSUE		DATE OF BIRTH		SEX			
	OWNER'S FULL NAME		ADDRESS			CITY		STATE	ZIP CODE		
	LICENSE PLATE NUMBER		YEAR	STATE OF ISSUE		PARTS OF VEHICLE DAMAGED			<b>ESTIMATE COST TO REPAIR</b> \$		
	TYPE (CAR, PICKUP, VAN, SUV, MOTORCYCLE, TRUCK, ETC.)		MAKE		MODEL		YEAR	COLOR		# OF OCCUPANTS	
<b>I N S U R A N C E</b>	<b>GIVE FULL LIABILITY INSURANCE INFORMATION OR IT WILL BE ASSUMED YOU DID NOT HAVE INSURANCE</b>										
	<b>PLEASE COPY FROM POLICY</b> NAME OF INSURANCE COMPANY (NOT AGENCY) _____										
	Automobile Insurance			MONTH	DAY	YEAR	MONTH	DAY	YEAR	Policy Period: from _____ to _____	
	POLICY NUMBER _____		Name of Policy Holder _____ Address _____								
Your Signature <b>X</b> _____											