

MOTOR VEHICLE CRASH REPORT

North Dakota Department of Transportation

Drivers License & Traffic Safety

SFN 2355 (Rev. 05-2009)



NDDOT USE ONLY	
CRASH NO.	RPT. SEQ.

Form	_____
Of	_____

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q

AGENCY	Crash Date (M / D / Y)	Time (24 HR)	Officer No.	Officer Name	Agency Name	Agency Report No.							
	Police Notified (M / D / Y)	Time (24 HR)	Emergency Unit Responding	Emg. Unit No.	Agency ORI								
LOCATION	County	Co. Code	City Code	City	R / U	Function	Township	Range					
	Highway	Hundredths Mi / Km	From Reference Point (Mile Marker)	Toward Reference Point (Mile Marker)	Lat / Long Decimal Degrees								
	(Street Name)		(Street Name)			N							
	On		At Intersection With			W							
		(Intersecting Street)			(Intersecting Street)								
Or		FT / M From			Toward								
UNIT 1 / STRIKING UNIT	Operator Name (Last, First, MI)				Owner Name if not operator (Last, First, MI)								
	Address			Phone	Address if different from operator			Phone					
	City		State	Zip	City		State	Zip					
	Operator License Number		Class	Rest	St Iss	DOB (M / D / Y)	Plate Number	State	Make	Year			
	Insurance Code (NDDOT use Only)		Policy Number		Insurance Company Name (Not Agent)								
	Damage Amount	Insured by	Card Issued	Spd Lmt	DVR Number	VIN (Out-of-State Vehicles / Vehicles w/o Plates)		Retesting					
	\$	<input type="checkbox"/> Owner <input type="checkbox"/> Driver	<input type="checkbox"/> Yes					<input type="checkbox"/> Yes **					
UNIT 2 / OTHER UNIT	Operator Name (Last, First, MI)				Owner Name if not operator (Last, First, MI)								
	Address			Phone	Address if different from operator			Phone					
	City		State	Zip	City		State	Zip					
	Operator License Number		Class	Rest	St Iss	DOB (M / D / Y)	Plate Number	State	Make	Year			
	Insurance Code (NDDOT use Only)		Policy Number		Insurance Company Name (Not Agent)								
	Damage Amount	Insured by	Card Issued	Spd Lmt	DVR Number	VIN (Out-of-State Vehicles / Vehicles w/o Plates)		Retesting					
	\$	<input type="checkbox"/> Owner <input type="checkbox"/> Driver	<input type="checkbox"/> Yes					<input type="checkbox"/> Yes **					
TRUCK / BUS / HAZARDOUS	Complete this section for trucks (including pickups) over 10,000 # gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR) AND for vehicles designed to transport 9 or more people counting the driver AND for vehicles displaying a hazardous placard or transporting hazardous cargo. DO NOT COMPLETE IF THE VEHICLE IS BEING USED FOR PRIVATE/NON-BUSINESS PURPOSES ONLY. Refer to guide for completing this section or call (701)328-4404.								Unit No.				
	Carrier Name			Carrier's Identification Number (USDOT)			Is Carrier Interstate?						
							<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Carrier's Address			Phone	Source of Carrier Name		<input type="checkbox"/> Driver <input type="checkbox"/> Log Book						
					<input type="checkbox"/> Side of Vehicle <input type="checkbox"/> Shipping Papers or Trip Manifest (Bus)								
	City		State	Zip	GVWR	Lbs.	Axles on Vehicle (Including Trailer)						
	GCWR												
Hazardous Materials Placard?		Haz. Mat. 4-Digit No.		Haz. Mat. 1-Digit No.		Was Hazardous Cargo From Vehicle Released?							
<input type="checkbox"/> Yes <input type="checkbox"/> No						(Do Not Count Fuel From Fuel Tank) <input type="checkbox"/> Yes <input type="checkbox"/> No							
Hazardous Material Name		Estimate Total Length (Feet / Meter) From Front Bumper to end of Last Trailer											
Other Prop. Damage	Action Sequence, Citations, and Damage		Vehicle 1	VEHMT	CONFAC	CONFAC	CONFAC	CITATN	EVAACT	DVRCON	DAMAGE	EXTDEF	TOWED
			Vehicle 2										
OPERATOR	UNIT	SEAT	AGE	SEX	ADI	AT	DT	SAFETY EQUIP.	AIR BAG	INJ.	TMF	EJC. EXT.	OCCUPANT, WITNESS, PROPERTY OWNER NAME, ADDRESS, PHONE, PROPERTY DESCRIPTION
	1												
	2												
OCCUPANT, WIT, PROP													

- R
- S
- T
- V
- W
- X
- Y
- Z
- AA
- BB

NOTE: If more than two units (or six occupant / witnesses) are involved, use an extra form, and attach it to the original.
* Describe or Explain in Narrative ** Explain in REQUEST FOR RE-EXAMINATION Form.

**THREE-STAGE CRASH DIAGRAM
(PRE-CRASH, POST-CRASH)**

NDDOT USE ONLY

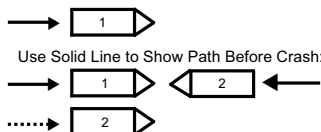
Crash Number

Report Seq.

Diagram What Happened:

Draw outline of roadway at place of crash.

Number each vehicle and show direction of travel by arrow.



Show Pedestrian by: X

Show Railroad by:

Show Utility Poles by:

Show Motorcycle by:

Show Animal by:

Indicate North by Drawing
Arrow Through Circle



Large dotted grid area for drawing the crash diagram.

Officer's Narrative: Observations and Asterisk Items. (Please Print)

Horizontal lines for writing the officer's narrative.

Date of Report:

Signature(s):