STATE OF SOUTH DAKOTA INVESTIGATOR'S Agency Use MOTOR VEHICLE TRAFFIC ACCIDENT REPORT Please Type or Print Submission: Original Amended Sheet Date of Accident (MM/DD/YY) Time of Accident (HHMM) County City Accident Occurred in or Indicate Rural Road, Street or Highway Accident Occurred At its Intersection With W Ν S Е ☐ Miles & Tenths ☐ Feet ☐ Of MRM (Milepost) NOTE: Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street (1st) ☐ Miles & Tenths ☐ Feet □ Junction ☐ Of (2nd) ☐ Miles & Tenths ☐ Feet ☐ Intersecting Street Full Name (Last, First, Middle) Address City State Zip Date of Birth Phone No. Driver's License Number Citation Charge? ☐ Yes ☐ No ☐ Pending ☐ Unknown DL State DL Class DL Status: Normal, within restrictions Violation: ☐ Beyond restrictions ☐ Revoked ☐ No license ☐ Expired license ☐ No license required ☐ Under suspension ☐ No license endorsement for this vehicle type ☐ Unknown Owner's Name (Last, First, Middle) Check if Same as Driver City Zip Address State VIN # Insurance Co Name Insurance Policy # Eff Date Exp Date Model Yr Make Model State Year Damage Amount License Plate # Veh and Contents \$ Est Travel Speed Total Occupants Speed Limit Speed – How Estimated: ☐ Officer Estimate ☐ Occupant Statement ☐ No Estimate ☐ Driver Statement ☐ Witness Statement Hit and Run? Damage Extent: ☐ None - No Damage ☐ Functional Damage ☐ Unknown Vehicle Towed? Emergency Vehicle Use? ☐ Yes ☐ No☐ Unknown ☐ Minor Damage ☐ Disabling Damage ☐ Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown Trailer License Plate # Attached to Power Unit: State Trailer License Plate # Attached to Trailer Unit: State Year IF the accident involved one or more of the following: AND, the accident resulted in one or more of the following: You must Complete a truck having a GCWR of 10,001 or more pounds; OR a fatality; OR boxed area a vehicle displaying a hazardous material placard; OR an injury requiring transportation for immediate medical attention; Of a vehicle designed to transport 9 or more people, including driver • a vehicle was disabled requiring a tow away from the scene Carrier Name Address State Zip US DOT# **GVWR GCWR** Placard # or Name Hazardous Material Released? 🗌 Yes 🗌 No 🔲 Unknown Full Name (Last, First, Middle) Address Date of Birth Phone No Driver's License Number Citation Charge? ☐ Yes ☐ No ☐ Pending ☐ Unknown ☐ Normal, within restrictions ☐ Beyond restriction ☐ Revoked ☐ No license ☐ Expired license DL Status: Violation: ☐ No license required ☐ Under suspension ☐ No license endorsement for this vehicle type ☐ Unknowr Owner's Name (Last, First, Middle) Check if Same as Driver State Zip VIN# Insurance Policy # Eff Date Insurance Co Name Exp Date Model Yr Make Model License Plate # State Year Damage Amount Veh and Contents \$ Total Occupants ☐ Occupant Statement ☐ No Estimate Speed – How Estimated: ☐ Officer Estimate Speed Limit Est Travel Speed ☐ Witness Statement □ Driver Statement Vehicle Towed? Hit and Run? ☐ None - No Damage ☐ Functional Damage Unknown Emergency Vehicle Use? Damage Extent: ☐ Yes ☐ No ☐ Unknown ☐ Minor Damage ☐ Disabling Damage ☐ Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown Trailer License Plate # Attached to Power Unit: State Trailer License Plate # Attached to Trailer Unit: State Year You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1 Accident Involved Vehicle - Purpose? 🔲 Commercial Interstate 🗎 Commercial Intrastate 🗎 Government 🗌 Personal Carrier Name State Zip Address US DOT# **GVWR GCWR** Placard # or Name Hazardous Material Released? 🗌 Yes 🗌 No 🔲 Unknowi □ No □ Indirectly Involved School Bus ☐ Yes ☐ No ☐ Unknown ☐ NA ☐ Yes ☐ No ☐ Unknown Related? ☐ Directly Involved ☐ Unknown First Event Object(s) Damaged (Property other than vehicles and contents) Second Event Owner's Name (Last, First, Middle) Estimate of Third Event Damage \$ Fourth Event City Address State Zip Most Harmful Event by Vehicle (use codes 0, 7-66 only) First Harmful Event of Accident

(use codes 7-66 only)

Form DPS-AR1 12/11/03 Mail to: Office of Accident Records, 118 W. Capitol Ave, Pierre, SD 57501

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