

MINNESOTA MOTOR VEHICLE CRASH REPORT

Please use **BLACK** ink
and **CAPITAL** LETTERS

PS 32001 - 10

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 CRASH REPORT

dvs.dps.mn.gov

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

SEE CODES ON REVERSE SIDE

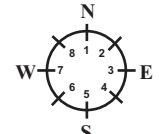
IF MORE THAN TWO VEHICLES - FILL IN SECTION "C" ON SEPARATE FORM AND ATTACH

ENTER NUMBER FOR CORRECT RESPONSE IN EACH BOX BELOW

[]	TYPE CRASH COLLISION WITH A(N) 1- MOTOR VEHICLE 2- PARKED MOTOR VEHICLE 3- ROADWAY EQUIPMENT - SNOWPLOW 4- ROADWAY EQUIPMENT - OTHER 5- TRAIN 6- PEDALCYCLE, BIKE, ETC. 7- PEDESTRIAN 8- DEER	COLLISION WITH FIXED OBJECT 21- CONSTRUCTION EQUIPMENT 22- TRAFFIC SIGNAL 23- RR CROSSING DEVICE 24- LIGHT POLE 25- UTILITY POLE 26- SIGN STRUCTURE 27- MAILBOXES 28- OTHER POLES	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	NON-COLLISION 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	[]
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[]	WORK ZONE (CIRCLE CORRECT RESPONSE) DID THE CRASH OCCUR IN A WORK ZONE? YES NO IF YES, WERE WORKERS PRESENT? YES NO	SPEED LIMIT ENTER POSTED SPEED LIMIT (NOT YOUR TRAVEL SPEED) []
[]	ROAD SURFACE 1- DRY 3- SNOW 5- ICE PACKED SNOW 7- MUDDY 9- OILY 2- WET 4- SLUSH 6- WATER (STANDING/MOVING) 8- DEBRIS 90- OTHER	WEATHER / ATMOSPHERE 1- CLEAR 3- RAIN 5- SLEET/HAIL/FREEZING RAIN 8- SEVERE CROSSWINDS 2- CLOUDY 4- SNOW 6- FOG/SMOG/SMOKE 90- OTHER 7- BLOWING SAND/DUST/SNOW
[]	TRAFFIC CONTROL DEVICE 1- TRAFFIC SIGNAL 7- SCHOOL BUS STOP ARM 14- RR OVERHEAD FLASHERS/ 2- OVERHEAD FLASHERS 8- SCHOOL ZONE SIGN GATE 3- STOP SIGN - ALL APPROACHES 9- NO PASSING ZONE 15- RR SIGN ONLY (NO LIGHTS, 4- STOP SIGN - NOT ALL APPROACHES 10- RR CROSSING GATE GATES OR STOP SIGN) 5- YIELD SIGN 11- RR CROSSING - FLASHING LIGHTS 6- OFFICER/FLAG PERSON/SCHOOL PATROL 12- RR CROSSING - STOP SIGN 90- OTHER 13- RR OVERHEAD FLASHERS 98- NOT APPLICABLE	LIGHT CONDITION 1- DAY LIGHT 4- DARK (STREET LIGHTS ON) 7- DARK (UNKNOWN LIGHTING) 2- BEFORE SUNRISE (DAWN) 5- DARK (STREET LIGHTS OFF) 90- OTHER 3- AFTER SUNSET (DUSK) 6- DARK (NO STREET LIGHTS)
[]	OTHER DRIVER FULL NAME ADDRESS CITY STATE ZIP CODE DRIVER'S LICENSE NUMBER CLASS STATE OF ISSUE DATE OF BIRTH SEX	MANNER OF COLLISION 1- REAR END 4- RAN OFF ROAD - LEFT SIDE 8- HEAD ON 2- SIDESWIPE - SAME DIRECTION 5- RIGHT ANGLE ("T-BONE") 9- SIDE SWIPE 3- LEFT TURN 6- RIGHT TURN - OPPOSING DIRECTION 7- RAN OFF ROAD - RIGHT SIDE 90- OTHER

ACTIONS / MANEUVERS PRIOR TO CRASH BY VEHICLE 1- GOING STRAIGHT AHEAD FOLLOWING ROADWAY 2- WRONG WAY INTO OPPOSING TRAFFIC 3- RIGHT TURN ON RED 4- LEFT TURN ON RED 5- MAKING RIGHT TURN 6- MAKING LEFT TURN 7- MAKING U-TURN 8- STARTING FROM PARKED POSITION 9- STARTING IN TRAFFIC 10- SLOWING IN TRAFFIC 11- STOPPED IN TRAFFIC 12- ENTERING PARKED POSITION 13- AVOID UNIT/OBJECT IN ROAD 14- CHANGING LANES 15- OVERTAKING/PASSING 16- MERGING 17- BACKING 18- STALLED ON ROADWAY	PARKED VEHICLES 21- PARKED LEGALLY 22- PARKED ILLEGALLY 23- VEHICLE STOPPED OFF ROADWAY	BY PEDESTRIAN 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 40- WALKING/RUNNING IN ROAD AGAINST TRAFFIC	BY BICYCLIST 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	DIRECTION OF TRAVEL PRIOR TO CRASH 1- NORTHBOUND 2- NORTH EASTBOUND 3- EASTBOUND 4- SOUTH EASTBOUND 5- SOUTHBOUND 6- SOUTH WESTBOUND 7- WESTBOUND 8- NORTH WESTBOUND
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CONTINUE REPORT ON OTHER SIDE	WAS THERE A POLICE OFFICER AT THE SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE PATROL) _____
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