

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										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			
C O T H E R V E H I C L E	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										ADDRESS		CITY		STATE		ZIP CODE		INJURY CODE*	
	DRIVER'S LICENSE NUMBER										CLASS		STATE OF ISSUE		DATE OF BIRTH		SEX			
	OWNER 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				

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

<input style="width: 30px; height: 30px;" type="text"/>	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 9- OTHER ANIMAL 12- COLLISION WITH OTHER TYPE OF NON-FIXED OBJECT 13- OTHER COLLISION TYPE	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 37- EMBANKMENT/DITCH/CURB 38- BUILDING/WALL 39- ROCK OUTCROPS 40- PARKING METER 41- OTHER FIXED OBJECT 42- UNKNOWN FIXED OBJECT	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	
YES NO YES NO	WORK ZONE (CIRCLE CORRECT RESPONSE) DID THE CRASH OCCUR IN A WORK ZONE? IF YES, WERE WORKERS PRESENT?			<input style="width: 30px; height: 30px;" type="text"/>
<input style="width: 30px; height: 30px;" type="text"/>	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			<input style="width: 30px; height: 30px;" type="text"/>
<input style="width: 30px; height: 30px;" type="text"/>	TRAFFIC CONTROL DEVICE 1- TRAFFIC SIGNAL 7- SCHOOL BUS STOP ARM 14- RR OVERHEAD FLASHERS/GATE 2- OVERHEAD FLASHERS 8- SCHOOL ZONE SIGN 15- RR SIGN ONLY (NO LIGHTS, GATES OR STOP SIGN) 3- STOP SIGN - ALL APPROACHES 9- NO PASSING ZONE 4- STOP SIGN - NOT ALL APPROACHES 10- RR CROSSING GATE 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			<input style="width: 30px; height: 30px;" type="text"/>
<input style="width: 30px; height: 30px;" type="text"/>	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			<input style="width: 30px; height: 30px;" type="text"/>
<input style="width: 30px; height: 30px;" type="text"/>	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)			<input style="width: 30px; height: 30px;" type="text"/>
<input style="width: 30px; height: 30px;" type="text"/>	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			<input style="width: 30px; height: 30px;" type="text"/>
<input style="width: 30px; height: 30px;" type="text"/>	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 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			<input style="width: 30px; height: 30px;" type="text"/>
<input style="width: 30px; height: 30px;" type="text"/>	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			<input style="width: 30px; height: 30px;" type="text"/>
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) _____				

