APPENDIX 2
Sample Wisconsin Motor Vehicle Accident Report
(form MV 4000)
### Officer's Opinion of Possible Contributing Circumstances

#### Driver Factors

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>122</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- Exceeding Speed Limit
- Speed too Fast/Condition
- Driving too Close
- Improper Turn
- Use of Center
- Disregarded Traffic Control
- Improper Overtaking
- Unsafe Backing
- Failure to have Control
- Driver Condition
- Physically Disabled
- Other

#### Vehicle Factors

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>123</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- Brake System
- Tires
- Steering System
- Taillights
- Headlamps
- Stoplamps
- Antilock Brakes
- Disabled in Prior Accident
- Other Disabled
- Mirrors
- Suspension System
- Other

#### Highway Factors

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>124</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- Snow, Ice or Wet
- Narrow Shoulder
- Low Shoulder
- Shoulder
- Rought Pavement
- Debris from Prior Accident
- Other Debris
- Sign Obscured or Missing
- Narrow Bridge
- Construction Zone
- Visibility Obscured
- Other

### Officiation Information

- Last Name: 
- First Name: 
- M.I.: 
- Law Enforcement Agency Address: 
- Pager #: 
- Phone #: 

### Date Notified

- Month: Jan
- Day: 15
- Year: 1995

### Time Notified

- Hour: 12
- Minute: 0

### Time Arrived

- Hour: 12
- Minute: 0

### Date of Report

- Month: Jan
- Day: 15
- Year: 1995

### Truck & Bus Accident Information

**Did the accident involve:**

- A truck with at least two axles and six tires? 
- A truck with a hazardous materials placard? 
- A bus designed to carry 16 or more passengers, including the driver? 

**STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.**

#### Part B

- Any person who was fatally injured? 
- Any injured person requiring transport for immediate medical treatment? 
- One or more vehicles that had to be towed from the scene as a result of the accident? 
- One or more vehicles that required repair or were provided assistance before proceeding from scene under own power? 

**STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section.**

### Carrier Information

- Carrier Name: 
- US DOT: 
- ICC MC: 
- Carrier Address: 

### Hazardous Material Information

- Hazardous Material Class Numbers (1-2 digit):
- Hazardous Material "UN" Numbers (4 digit):
- Hazardous Material Placard Displayed? 
- Hazardous Cargo Released? 

### List the Hazardous Material(s) by name in this load:

### Cargo Body Type

- [ ] Bus
- [ ] Van/Box Truck
- [ ] Auto Transporter
- [ ] Cargo Truck
- [ ] Garbage/Refuse
- [ ] Tank
- [ ] Other
- [ ] Other

### Vehicle Configuration

- Single unit truck, 1 axle, 6 tons
- Single unit truck, 2 axles, 5 tons
- Tandem Axle
- Tractor-Semitrailer
- Tractor-Trailer
- Tank Trailer
- Unknown Heavy Truck

### Gross Vehicle Weight Rating

### Total No. of Axles

### Sequence of Events for this Vehicle

**Mark a check of one or more events in the order that they occurred:**

- Ran off Road
- Jackknife
- Overturn (Rollover)
- Downhill Runaway
- Explosion or Fire
- Separation of Units
- Collision involving pedestrian

- Collision involving motor vehicle in transp.
- Collision involving parked motor vehicle
- Collision involving train
- Collision involving pedalcycle
- Collision involving animal
- Collision involving fixed object
- Collision involving other object

### Carrier Identification Numbers

- Source:
  - Vehicle Side
  - Shipping Papers
  - Trip Manifest
  - Driver
  - Log Book

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[Image of the document with diagrams and tables]