

APPENDIX 2
Sample Wisconsin Motor Vehicle Accident Report
(form MV 4000)

Wisconsin Motor Vehicle Accident Report

Document Number Override 0

Please Do Not Write In This Microfilm Space

INSTRUCTIONS Please use a Black Ink Pen or #2 Pencil. Mark Areas as shown: Correct Mark Incorrect Marks

County MUN/TWP Accident Date MONTH DAY YEAR HOUR MIN. Total Number UNITS INJURED KILLED

Time of Accident (Military Time) HOUR MIN.

Total Number UNITS INJURED KILLED

Hit & Run Government Property Fire (Narrative) Photos Taken (Narrative) Trailer or Towed (Narrative) Truck or Bus (Last Page) Load Spillage Construction Zone Names Exchanged

Sheet No. Of 10

ACCIDENT LOCATION Public Highway, Intersection/Related Public Highway, Non-Intersection Parking Lot Private Property or Road

LATITUDE (GPS) Degrees: 12 Minutes: Seconds: LONGITUDE (GPS) Degrees: 13 Minutes: Seconds:

ON Hwy No. and / Street Name Estimated FROM/AT Hwy No. and / Street Name

House # Fire # Other Utility # Railroad # Agency Space Special Study

Unit Number Unit Type Total Number of Occupants Direction of Travel (Before the Accident)

Speed Limit OPERATOR Last NAME ADDRESS Street & Number City & State ZIP Phone Number Driver's License Number State Exp. Year

Date of Birth Sex Operating as Classified: Class Endorse (Mark All That Apply) On Duty Accident CMV

Severity SEAT SAFETY AIRBAG EJECTED (K) (N) Position Equipment (1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown (1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown

TRAPPED/ EXTRICATED (1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown Medical Transport

Vehicle Owner Same Last Name First M.I. Street Address City & State ZIP Phone Number

Year of Vehicle Make Model Body Style Color Year of Vehicle Make Model Body Style Color

Vehicle ID Number License Plate Number Plate Type State Exp. Year

Policy Holder's Name Same Citation Liability Insurance Company Stat. #

Occupant Unit Number NAME Last First M.I. Date of Birth Sex Severity SEAT SAFETY AIRBAG ADDRESS Street & Number City & State ZIP

Address Same as Operator EJECTED TRAPPED/ EXTRICATED Medical Transport Agency Space

MV4000 1293 EMS Number

Accident No.

Police No.

Date

Location

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last	First	M.I.	Date of Birth	Sex (M) (F)	Severity (K) (N) (A) (B) (C)	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
	ADDRESS Street & Number		City & State		ZIP				
Address Same as Operator Yes <input type="radio"/> No <input type="radio"/>	EJECTED ① Not Applicable ② Not Ejected	③ Totally Ejected ④ Partially Ejected ⑤ Unknown	TRAPPED/ EXTRICATED ① Not Applicable ② Not Trapped	③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport (Y) (N)	Agency Space			

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last	First	M.I.	Date of Birth	Sex (M) (F)	Severity (K) (N) (A) (B) (C)	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
	ADDRESS Street & Number		City & State		ZIP				
Address Same as Operator Yes <input type="radio"/> No <input type="radio"/>	EJECTED ① Not Applicable ② Not Ejected	③ Totally Ejected ④ Partially Ejected ⑤ Unknown	TRAPPED/ EXTRICATED ① Not Applicable ② Not Trapped	③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport (Y) (N)	Agency Space			

Type of Accident

First Harmful Event 80

Most Harmful Event

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
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(select one per vehicle)

Collision With Object Not Fixed

① Motor Vehicle in Transport	①
② Parked Motor Vehicle	②
③ Deer	③
④ Pedalcycle	④
⑤ Pedestrian	⑤
⑥ Railway Train	⑥
⑦ Other Animal	⑦
⑧ Motor Vehicle in Transport In Other Roadway	⑧
⑨ Other Object (Not Fixed)	⑨

Collision With Fixed Object

⑩ Traffic Sign Post	⑩
⑪ Traffic Signal	⑪
⑫ Utility Pole	⑫
⑬ Lum. Light Support	⑬
⑭ Other Post	⑭
⑮ Tree	⑮
⑯ Mailbox	⑯
⑰ Guardrail Face	⑰
⑱ Guardrail End	⑱
⑲ Median Barrier	⑲
⑳ Bridge Parapet End	⑳
㉑ Bridge/Pier/Abut.	㉑
㉒ Impact Attenuator	㉒
㉓ Overhead Sign Post	㉓
㉔ Bridge Rail	㉔
㉕ Culvert	㉕
㉖ Ditch	㉖
㉗ Curb	㉗
㉘ Embankment	㉘
㉙ Fence	㉙
㉚ Other Fixed Object	㉚
㉛ Unknown	㉛

Non-Collision

⑳ Overturn	⑳
㉜ Fire/Explosion	㉜
㉝ Immersion	㉝
㉞ Jackknife	㉞
㉟ Other Non-Collision	㉟

Driver Condition

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
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88 Driver Factors (Or Pedestrians)

① Appeared Normal	①
② Reduced Alertness	②
③ Ability Impaired	③
④ Not Observed	④

89 Presence

⑤ Neither Alcohol nor Drugs Present	⑤
⑥ Yes—Alcohol Present	⑥
⑦ Yes—Drugs Present	⑦
⑧ Yes—Alcohol & Drugs Present	⑧
⑨ Unknown	⑨

90 Alcohol

AC Value	AC Value
⑩ Test Not Given	⑩
⑪ Test Refused	⑪
⑫ Test Given, Alcohol Unknown	⑫
⑬ Test Given, No Alcohol Reported	⑬

91 Drugs

⑭ Test Not Given	⑭
⑮ Test Refused	⑮
⑯ Test Given, Drugs Unknown	⑯
⑰ Test Given, No Drugs Reported	⑰
⑱ Drugs Reported (Specify Below)	⑱
⑲ Marijuana	⑲
⑳ Cocaine	⑳
㉑ Opiates	㉑
㉒ Amphetamines	㉒
㉓ PCP	㉓
㉔ Other Drug Medication	㉔
㉕ Type Unknown	㉕

Unit # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Pedestrian 92

Location	Action
① In Crosswalk	① Walking not Facing Traffic
② In Roadway	② Disregarded Signal
③ Not in Roadway	③ Darting into Road
④ On Sidewalk	④ Dark Clothing
	⑤ Walking Facing Traffic

Manner of Collision 93

① No Collision with Motor Vehicle in Transport	
② Rear-end	
③ Head On	
④ Rear to Rear	
⑤ Angle	
⑥ Sideswipe, Same Direction	
⑦ Sideswipe, Opposite Direction	
⑧ Unknown	

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage 94

⑩ None	⑩ Undercarriage
⑪ Total (Damage to all Areas)	⑪ Total (Damage to all Areas)
⑫ Other	⑫ Other
⑬ Unknown	⑬ Unknown

95 Extent of Damage

① None	④ Severe
② Very Minor	⑤ Very Severe
③ Minor	⑥ Unknown
③ Moderate	

Vehicle Towed Due to Damage! (Y) (N)	96	Vehicle Removed By:	97
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Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage 94

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① None	④ Severe
② Very Minor	⑤ Very Severe
③ Minor	⑥ Unknown
③ Moderate	

Vehicle Towed Due to Damage! (Y) (N)	96	Vehicle Removed By:	97
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Fixed Object Struck						PROPERTY Last	First	M.I.
Unit	Unit	Unit	Unit	Unit	Unit	OWNER 84		
ADDRESS Street & Number						85		
City & State						ZIP	Phone Number ()	
Govt. Damage Tag # 85						86	87	

Draw Diagram of Accident & Indicate North with an arrow in the circle.

99. Pictorial Representation of Narrative

Supplemental Reports 101 (Y) (N) | Witness Statements 102 (Y) (N) | Measurements Taken 103 (Y) (N)

Skidmarks to Impact
Unit 1 100 Unit 2
FEET

Surface Type: _____

N 104 _____
A _____
R _____
R _____
A _____
T _____
I _____
V _____
E _____

106
 Power User # _____ Towed Unit _____ VIN _____
 License Plate # _____ Traffic Make _____ State _____ Exp. yr. _____
 Plate Type _____

WITNESS Last	First	M.I.
NAME 107		
ADDRESS Street & Number	Date of Birth	
108	109	
City & State	ZIP	Phone
110		Number 111 ()

ACCESS CONTROL 112

- (1) No Control (Unlimited Access)
- (2) Full Control (Only Ramp Entry/Exit)
- (3) Partial Control

ROAD TERRAIN 113

Part A

- (1) Straight
- (2) Curve

Part B

- (3) Level/Flat
- (4) Hill

LIGHT CONDITION 114

- (1) Daylight
- (2) Dark—Not Lighted
- (3) Dark—Lighted
- (4) Dawn
- (5) Dusk
- (6) Unknown

TRAFFIC WAY 115

- (1) Not Physically Divided (2-Way Traffic)
- (2) Divided Highway, Median Strip, without Traffic Barrier
- (3) Divided Highway, Median Strip, with Traffic Barrier
- (4) One-Way Traffic
- (5) Parking Lot or Private Property

ROAD SURFACE CONDITION 116

- (1) Dry
- (2) Wet
- (3) Snow/Slush
- (4) Ice
- (5) Sand, Mud, Dirt, Oil
- (6) Other
- (7) Unknown

WEATHER 118

- (1) Clear
- (2) Cloudy
- (3) Rain
- (4) Snow
- (5) Fog, Smog, Smoke
- (6) Sleet, Hail (Freezing Rain or Drizzle)
- (7) Blowing Sand, Soil, Dirt, Snow
- (8) Severe Crosswinds
- (9) Other
- (10) Unknown

RELATION TO ROADWAY 117

- (1) On Roadway
- (2) Parking Lot or Private Property
- (3) Shoulder (Other than Shoulder within Median or Gore)
- (4) Median (Other than Median within Gore)
- (5) Outside Shoulder—Left
- (6) Outside Shoulder—Right
- (7) Off Roadway—Location Unknown
- (8) Gore (Area between Ramp & Highway)
- (9) On Ramp
- (10) Unknown

Photos By: 105 _____

What Drivers Were Doing

Unit Number	119	Unit Number
(1) (2) (3) (4) (5)		(1) (2) (3) (4) (5)
(6) (7) (8) (9) (10)		(6) (7) (8) (9) (10)
(1) Going Straight		(1) Making Left Turn
(2) Making Left Turn		(2) Making Right Turn
(3) Making Right Turn		(3) Slowing or Stopping
(4) Slowing or Stopping		(4) Stopped in Traffic
(5) Stopped in Traffic		(5) Legally Parked
(6) Legally Parked		(6) Illegally Parked
(7) Illegally Parked		(7) Parking Maneuver
(8) Parking Maneuver		(8) Backing Maneuver
(9) Backing Maneuver		(9) Changing Lanes
(10) Changing Lanes		(10) Overtaking on left
(11) Overtaking on left		(11) Overtaking on right
(12) Overtaking on right		(12) Making U Turn
(13) Making U Turn		(13) Turning on red
(14) Turning on red		(14) Merging
(15) Merging		(15) Negotiating Curve
(16) Negotiating Curve		(16) Other
(17) Other		(17)
(18)		(18)

Traffic Control

Unit Number	120	Unit Number
(1) (2) (3) (4) (5)		(1) (2) (3) (4) (5)
(6) (7) (8) (9) (10)		(6) (7) (8) (9) (10)
(1) No Control		(1) Traffic Signal Operating
(2) Traffic Signal Operating		(2) Traffic Signal Flashing
(3) Traffic Signal Flashing		(3) Stop Sign
(4) Stop Sign		(4) Stop Sign with Flasher Warning
(5) Stop Sign with Flasher Warning		(5) Warn sign with Flasher
(6) Warn sign with Flasher		(6) Yield Sign
(7) Yield Sign		(7) Traffic Control Person
(8) Traffic Control Person		(8) RR-xing Signal
(9) RR-xing Signal		(9) Other
(10) Other		(10)
(11)		(11)

