Wisconsin DRIVER REPORT OF ACCIDENT

<u>DO NOT COMPLETE</u> this Driver Report of Accident if a law enforcement officer completed a Wisconsin Motor Vehicle Accident Report.

COMPLETE this Wisconsin Driver Report of Accident if:

- There was \$1000 or more damage to any one person's property
 - OR -
- Anyone was injured
 - OR -
- There was \$200 or more damage to government property, other than vehicles.

/V4002 1/2004 s.346.70(2) Wis. Stats.

Wisconsin Department of Transportation

Please provide all requested information. Print clearly.

- You are "Unit 1".
- 2. An individual involved in the accident must sign the report.
- 3. Provide all information on the other driver(s)/owner(s) involved. Incomplete reports may be returned requesting missing information. If you need assistance, contact your insurance agent, local law enforcement agency, or the DOT Traffic Accident Section at 608-266-8753.
- 4. Use the "Narrative" and "Diagram" sections to explain how the accident happened.
- 5. If more space is needed, use plain paper and attach to this report.
- 6. This form is available at www.dot.wisconsin.gov/drivers/drivers/traffic/accident.htm.

Retain a copy of this report for your records before mailing.

Mail completed report to address shown below.

(Fold report so that address panel shows to outside - tape bottom edge closed and mail - Do not staple).

Important - Please print your return address:				Place stamp here Post Office
		1	Ш	will not deliver
·		. •	•••	without postage

TRAFFIC ACCIDENT SECTION
WISCONSIN DEPT OF TRANSPORTATION
P O BOX 7919
MADISON WI 53707-7919

WISCONSIN DRIVER REPORT OF ACCIDENT

CONTINUE ONLY ...if there was \$1000 or more damage to any one person's property, OR ...if anyone was injured.

	nd Run Accider	nt?		001051	County	of		City, Villa	age or	Tow	nship of	ACCID	ENT	Month	Day.	Year	Day of \	Week	Time	A	
	YES			CCIDENT								DATE								P	
otal	Units Involved	Total Injured	* L	OCATION	Name	and Nur	nber of	Street(s)	or High	ıway	or Parkin	g Lot									
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V A	ddress						Rinth	Date		N	Address								Birth	Date	
Ī	dui 633	dress Birth Date								h	71001000										
T	City & State Zip Code Day					Daytime Phone Number					T City & State Zip Code							Daytime Phone Number			
_		()							()						
1 0	river License N	umber					Issu	ing State		2	Driver Li	cense Numbe	er						Issui	ng State	
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Α.	ddress										Audiess	•									
Ċ	City & State			Zip Co	ode	Dayti	me Pho	ne Numb	er		City & S	tate			Z	Zip Code	9	Daytir	ne Pho	ne Number	
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	as a motor veh			e policy Policy	Holder's	Name						notor vehicle I on the day of			policy	Policy H	older's N	lame		-	
_	□ N	0 [YE	s								NO		YES							
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PRO	PERTY	Describe wh	at was	damaged. Prope	rty damag			ictures, tre	ees, fe	nces,	towed ite	ems, etc. Do l	VOT inc	lude vehi	cle damag	e.					
	//AGE																	- ·	- 51		
Prop	erty Owner Full	Name (Last, I	irst, Mi)	Α	ddress,	City, St	tate & Zip	Code									Daytin	ne Pho	ne Number	
		District				-				_		A B A Drown	a haai	o nietus			Indian	to Nort	h hư n	tting 🔿	
NAF	RRATIVE	Print a brief o	escripti	on of the accide	ıt.					ט	IAGR			c picture and loca					the ci		

WISCONSIN DRIVER REPORT OF ACCIDENT

CONTINUE ONLY ...if there was \$1000 or more damage to any one person's property, OR ...if anyone was injured,

	if there nd Run Accide YES		or more da	County of	government (itų, Village	property or Township of	ACCIDE DATE			ear Day	before co	mpleting Time	Please Print)
Total	Units Involved	Total Injured *	LOCATION	Name and Nu	mber of Street(s) or H	ghway or Parki	ng Lot						
	PE OF CIDENT	(Please che		it another mo n operation	tor vehicle	Hit a parked	d vehicle	☐ Hit a d	leer		a bicyclis pedestria		Other
U	iver full Name	(last, first, Mi)			Sex	U Driver f	full Name (Last, i	first, MI)		1			Sex
N A	ddress				Birth Date	N Addres	•					Birth	Dote
Ta	ty. State		ZIPCoo	le Doyt	ime Telephone Number	T City, Sto	te		ZIP	Code	Daytin	ne Telepi	hone Number
1	river ticense M	lumber			Issuing State	2 Driver	License Number	and the second second second			- Lucion	Issun	g State
Pc	ehicle Legaliy arked Y C wner Full Name		commercial vehicle?		If yes, circle appropriation (A) (B) (C)	Parked	Legally Op Y € 5 Full Name (Last.	erating a com YES Arst, MI)		le?	ıf	clas	de appropriate sification (B) (C)
A	ddress					Addres	5						
Ğ	ty, State		ZIP Cod	de Dayt	ime Telephone Number	City, Sto	xte		ZIP	Code	Daytin (ne Telepi	hone Number
Lie	cense Plote N	umber Ex	o Yr Issuing State	Vehicle Make	Year Color	License	Plate Number	Exp Yr	Issuing Sta	te Vehic	le Moke Y	eor	Color
V	ehicle identifica	ation Number	7			Vehicle	Identification N	ımber	1				
Ex	toct Name of	Insurance Compo nportant - Nun	YES nu nber of injuries repo		ual number entered	Exact M		e Compony		A=Sev	ere, B=M	odera	te, C=Mino
Unit No	. Name (tas	t, first, MI)	Addre	ss		tų, State		ZIP Co	de	Sex	Birth Date		Injury Code
Unit No	. Name (Las	t, first, Mi)	Addre	ss	C	tų, State		ZIP Co	de	Sex	Birth Date		Injury Code
		nit 1 - Impo amage Estima (Required)	ortant - Circle the num te 6	bers dosest to ti	he damaged areas.		nit 2 - Impo nmage Estimo (If Known)		the numbers of	losest to	the damaged 8 INOU 2	d areas.	
	PERTY AGE	Describe what u	uas damaged. Propen	y damage inclu	des structures, trees,	fences, towed I	tems, etc. Do NC	OT include vehi	de damage.				
		Name (lost, Arst	, MI)	Address,	City, State, ZIP Code					:	Daytim	e Teleph	one Number
NAR	RATIVE	Print a brief desc	alption of the accident			DIAGR	AM Drow o	basic picture lent and locat			dicate North		
-													
						>	((6)	nature				