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.

▶ <u>COMPLETE</u> 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.

MV4002   1/2004   s.346.70(2) Wis. Stats.   Wisconsin Department of Transportation

Please provide all requested information. Print clearly.

1. **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.

<div align="center">

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**).

</div>

Important - Please print your return address:

_____

_____

_____

<div align="right">

Place stamp here
Post Office
will not deliver
without postage

</div>

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

CONTINUE ONLY ...if there was $1000 or more damage to any one person's property,
OR ...if anyone was injured,
OR ...if there was $200 or more damage to government property, other than vehicles.

Hit and Run Accident?	**ACCIDENT**	County of	City, Village or Township of	**ACCIDENT DATE** Month Day Year Day of Week Time	☐ AM
☐ YES	**LOCATION**				☐ PM
Total Units Involved	Total Injured ✱		Name and Number of Street(s) or Highway or Parking Lot		

TYPE OF ACCIDENT (Please check one) ☐ Hit another motor vehicle in operation [1] ☐ Hit a parked vehicle [2] ☐ Hit a deer [3] ☐ Hit a bicyclist or pedestrian [4,5] ☐ Other [9]

UNIT 1

Driver Full Name (Last, First, MI)		Sex
Address		Birth Date
City & State	Zip Code	Daytime Phone Number ( )
Driver License Number		Issuing State

Vehicle Legally Parked ☐ YES	Operating a commercial vehicle? ☐ YES	If yes, circle appropriate classification A B C

Owner Full Name (Last, First, MI)

Address

City & State	Zip Code	Daytime Phone Number ( )

License Plate Number	Exp Yr	Issuing State	Vehicle Make	Year	Color

Vehicle Identification Number

Was a motor vehicle liability insurance policy in effect on the day of the accident? ☐ NO ☐ YES	Policy Holder's Name

Exact Name of Insurance Company

UNIT 2

Driver Full Name (Last, First, MI)		Sex
Address		Birth Date
City & State	Zip Code	Daytime Phone Number ( )
Driver License Number		Issuing State

Vehicle Legally Parked ☐ YES	Operating a commercial vehicle? ☐ YES	If yes, circle appropriate classification A B C

Owner Full Name (Last, First, MI)

Address

City & State	Zip Code	Daytime Phone Number ( )

License Plate Number	Exp Yr	Issuing State	Vehicle Make	Year	Color

Vehicle Identification Number

Was a motor vehicle liability insurance policy in effect on the day of the accident? ☐ NO ☐ YES	Policy Holder's Name

Exact Name of Insurance Company

✱INJURED Important - Number of injuries reported must equal number entered in "Total Injured" box above. For additional injuries, provide the information on a separate piece of paper and attach. **Injury Codes: A=Severe, B=Moderate, C=Minor**

Unit No.	Name (Last, First, MI)	Address	City & State	Zip Code	Sex	Birth Date	Injury Code

VEHICLE DAMAGE

Unit 1 - Important - Circle the numbers closest to the damaged areas.
Damage Estimate (Required) $ _____
6 7 8 / 5 REAR FRONT 1 / 4 3 2

Unit 2 - Important - Circle the numbers closest to the damaged areas.
Damage Estimate (If Known) $ _____
6 7 8 / 5 REAR FRONT 1 / 4 3 2

PROPERTY DAMAGE Describe what was damaged. Property damage includes structures, trees, fences, towed items, etc. Do NOT include vehicle damage.

Property Owner Full Name (Last, First, MI)	Address, City, State & Zip Code	Daytime Phone Number ( )

NARRATIVE Print a brief description of the accident.

DIAGRAM Draw a basic picture of the accident and location. Indicate North by putting an arrow in the circle. ○

▶ X _____
(Signature Required)

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,
OR ...if there was $200 or more damage to government property, other than vehicles.

Hit and Run Accident?		**ACCIDENT**	County of	City, Village or Township of	**ACCIDENT DATE**	Month	Day	Year	Day of Week	Time	☐ a.m.
☐ YES		**LOCATION**									☐ p.m.
Total Units Involved	Total Injured *		Name and Number of Street(s) or Highway or Parking Lot								

TYPE OF ACCIDENT

(Please check one)
☐ Hit another motor vehicle in operation [1] ☐ Hit a parked vehicle [2] ☐ Hit a deer [3] ☐ Hit a bicyclist or pedestrian [4,5] ☐ Other [9]

UNIT 1

Driver Full Name (Last, First, MI)		Sex
Address		Birth Date
City, State	ZIP Code	Daytime Telephone Number ( )
Driver License Number		Issuing State

Vehicle Legally Parked ☐ YES	Operating a commercial vehicle? ☐ YES	If yes, circle appropriate classification (A) (B) (C)

Owner Full Name (Last, First, MI)		
Address		
City, State	ZIP Code	Daytime Telephone Number ( )

License Plate Number	Exp Yr	Issuing State	Vehicle Make	Year	Color

Vehicle Identification Number

Was a motor vehicle liability insurance policy in effect on the day of the accident? ☐ NO ☐ YES	Policy Holder's Name

Exact Name of Insurance Company

UNIT 2

Driver Full Name (Last, First, MI)		Sex
Address		Birth Date
City, State	ZIP Code	Daytime Telephone Number ( )
Driver License Number		Issuing State

Vehicle Legally Parked ☐ YES	Operating a commercial vehicle? ☐ YES	If yes, circle appropriate classification (A) (B) (C)

Owner Full Name (Last, First, MI)		
Address		
City, State	ZIP Code	Daytime Telephone Number ( )

License Plate Number	Exp Yr	Issuing State	Vehicle Make	Year	Color

Vehicle Identification Number

Was a motor vehicle liability insurance policy in effect on the day of the accident? ☐ NO ☐ YES	Policy Holder's Name

Exact Name of Insurance Company

*INJURED

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Injury Codes: A=Severe, B=Moderate, C=Minor

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Unit No.	Name (Last, First, MI)	Address	City, State	ZIP Code	Sex	Birth Date	Injury Code

VEHICLE DAMAGE

Unit 1 - Important - Circle the numbers closest to the damaged areas.

Damage Estimate (Required) $ _____

6 7 8
5 REAR ... FRONT 1
4 3 2

Unit 2 - Important - Circle the numbers closest to the damaged areas.

Damage Estimate (If Known) $ _____

6 7 8
5 REAR ... FRONT 1
4 3 2

PROPERTY DAMAGE

Describe what was damaged. Property damage includes structures, trees, fences, towed items, etc. Do NOT include vehicle damage.

Property Owner Full Name (Last, First, MI)	Address, City, State, ZIP Code		Daytime Telephone Number ( )

NARRATIVE

Print a brief description of the accident.

DIAGRAM

Draw a basic picture of the accident and location.

Indicate North by putting an arrow in the circle. ○

X _____
(Signature Required)