Wisconsin
DRIVER REPORT OF ACCIDENT

DO NOT COMPLETE 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.**

MV4002 12/2005 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.

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
will not deliver
without postage

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

WISCONSIN DRIVER REPORT OF ACCIDENT

(See instructions on reverse side before completing - Please Print)

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

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

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

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
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.

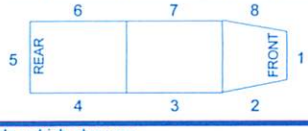
Damage Estimate (Required)

$_____

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

Damage Estimate (If Known)

$_____



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)