

# 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](http://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:

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Place stamp here  
Post Office  
will not deliver  
without postage

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

( 5 3 7 0 7 7 9 1 9 2 )

# 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.**

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

<small>Hit and Run Accident?</small> <input type="checkbox"/> YES	<b>ACCIDENT</b>	<small>County of</small>	<small>City, Village or Township of</small>	<b>ACCIDENT</b>	<small>Month</small>	<small>Day</small>	<small>Year</small>	<small>Day of Week</small>	<small>Time</small>	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
<small>Total Units Involved</small>	<small>Total Injured *</small>	<b>LOCATION</b> <small>Name and Number of Street(s) or Highway or Parking Lot</small>									

**TYPE OF ACCIDENT** (Please check one)  <sup>1</sup> Hit another motor vehicle in operation  <sup>2</sup> Hit a parked vehicle  <sup>3</sup> Hit a deer  <sup>4.5</sup> Hit a bicyclist or pedestrian  <sup>9</sup> 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 \_\_\_\_\_  
( )

<small>License Plate Number</small>	<small>Exp Yr</small>	<small>Issuing State</small>	<small>Vehicle Make</small>	<small>Year</small>	<small>Color</small>
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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 \_\_\_\_\_  
( )

<small>License Plate Number</small>	<small>Exp Yr</small>	<small>Issuing State</small>	<small>Vehicle Make</small>	<small>Year</small>	<small>Color</small>
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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)

\$ \_\_\_\_\_

**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.

<small>Property Owner Full Name (Last, First, MI)</small>	<small>Address, City, State, ZIP Code</small>	<small>Daytime Telephone Number</small> ( )
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**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)**