

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 398 pursuant to s.346-70(2), Wis. Stats.

Wisconsin Department of Transportation

Please provide all requested information. Print clearly.

1. You are "Unit 1".
2. The person who completes this form must sign the report.
3. Provide all information on the 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 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.

MAIL COMPLETED REPORT TO ADDRESS SHOWN BELOW:

**Elm Grove Police Department
13600 Juneau Blvd.
Elm Grove, WI 53122**

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 & Run Accident? <input type="checkbox"/> YES	Hit a Deer? <input type="checkbox"/> YES	ACCIDENT LOCATION	County of _____	City, Village or Township of _____	ACCIDENT DATE	Month _____ Day _____ Year _____	Day of Week _____	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Total Units Involved _____	Total Injured * _____		Name and Number of Street(s) or Highway or Parking Lot _____					

<p>U Driver Full Name (Last, First, MI) _____ Sex _____</p> <p>N Address _____ Birth Date _____</p> <p>T City & State _____ Zip Code _____ Daytime Phone Number () _____</p> <p>1 Driver License Number _____ Issuing State _____</p> <p>Vehicle Legally Parked <input type="checkbox"/> YES <input type="checkbox"/> NO Operating a commercial vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, circle appropriate classification A B C</p> <p>Owner Full Name (Last, First, MI) _____</p> <p>Address _____</p> <p>City & State _____ Zip Code _____ Daytime Phone Number () _____</p> <p>License Plate Number _____ Exp Yr _____ Issuing State _____ Vehicle Make _____ Year _____ Color _____</p> <p>Vehicle Identification Number _____</p> <p>Was a motor vehicle liability insurance policy in effect on the day of the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO Policy Holder's Name _____</p> <p>Exact Name of Insurance Company _____</p>	<p>U Driver Full Name (Last, First, MI) _____ Sex _____</p> <p>N Address _____ Birth Date _____</p> <p>T City & State _____ Zip Code _____ Daytime Phone Number () _____</p> <p>2 Driver License Number _____ Issuing State _____</p> <p>Vehicle Legally Parked <input type="checkbox"/> YES <input type="checkbox"/> NO Operating a commercial vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, circle appropriate classification A B C</p> <p>Owner Full Name (Last, First, MI) _____</p> <p>Address _____</p> <p>City & State _____ Zip Code _____ Daytime Phone Number () _____</p> <p>License Plate Number _____ Exp Yr _____ Issuing State _____ Vehicle Make _____ Year _____ Color _____</p> <p>Vehicle Identification Number _____</p> <p>Was a motor vehicle liability insurance policy in effect on the day of the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO Policy Holder's Name _____</p> <p>Exact Name of Insurance Company _____</p>
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***INJURED** Important: Number of injuries reported must equal number entered in "Total Injured" box above. **Injury Codes: A=Severe, B=Moderate, C=Minor**

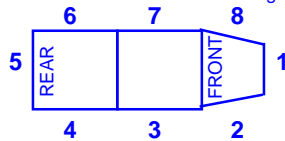
Unit No.	Name (Last, First, MI)	Address	City & State	Zip Code	Sex	Date of Birth	Injury Code

VEHICLE Unit 1 Important: Circle the numbers closest to the damaged areas.

DAMAGE Damage Estimate

(Required)

\$ _____

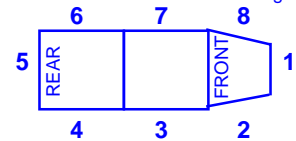


Unit 2 Important: Circle the numbers closest to the damaged areas.

DAMAGE 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 Phone Number () _____
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NARRATIVE Print a brief description of the accident

NARRATIVE Draw a basic picture of the accident and location.

Indicate North by putting an arrow in the circle.



X _____

(Signature)