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.

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:

________________________________________
________________________________________

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? YES

ACCIDENT LOCATION

County of City, Village or Township of

ACCIDENT DATE Month Day Year Day of Week Time

Total Units Involved Total Injured

PROPERTY DAMAGE

Property Owner Full Name (Last, First, Ml) 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.

(Signature Required)
**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?
- *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.

<table>
<thead>
<tr>
<th>UNIT 1</th>
<th>UNIT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Driver Full Name</strong> (Last, First, MI)</td>
<td><strong>License Plate Number</strong> (Exp V., Issuing State)</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td><strong>Vehicle Identification Number</strong></td>
</tr>
<tr>
<td><strong>City, State, ZIP Code</strong></td>
<td><strong>Expiration Date</strong></td>
</tr>
</tbody>
</table>

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

**UnICED**

**Vehicle Damage**
- Unit 1 - Important - Code the numbers closest to the damaged areas.

**Property Damage**
- Property Owner Full Name (Last, First, MI)

**Narrative**
- Brief description of the accident.

**Diagram**
- Draw a basic picture of the accident and location.

**Signature Required**