MINNESOTA MOTOR VEHICLE CRASH REPORT

Please use BLACK ink and CAPITAL LETTERS

PS 32001 - 10

The information on this report is used to help build safer roads.

Every driver in a crash involving \$1,000 or more in property damage, or injury or death, MUST COMPLETE this form and send it to Driver and Vehicle Services within 10 days. Failure to provide this information is a misdemeanor under Minnesota Statute 169.09, subdivision 7. See reverse side for address and for data privacy information. dvs.dps.mn.gov DRIVER'S TRAFFIC CRASH REPORT

| DATE OF | MONTH | DAY | YEAR |
| T | CRASH | | | DAY OF WEEK TOTAL # OF COUNTY NAME OF CITY OR TOWNSHIP VEHICLES INVOLVED ☐ CITY LOCATION OF CRASH CRASH OCCURRED M E (Street Name or Road Nu ■ AT INTERSECTION P LOCATION OF CRASH DIRECTION : | MILES | FEET L □N □E NOT AT INTERSECTION FROM C DESCRIBE LOCATION IN PARKING LOT DRIVER'S FULL NAME ADDRESS CIT STATE ZIP CODE M Y DRIVER'S LICENSE NUMBER CLASS STATE OF ISSUE DATE OF BIRTH SEX ν H OWNER'S FULL NAME ADDRESS CIT ZIP CODE LICENSE PLATE NUMBER YEAR STATE OF ISSUE PARTS OF VEHICLE DAMAGED **ESTIMATE REPAIR COS** TYPE (CAR, PICKUP, VAN, SUV, MOTORCYCLE, TRUCK, ETC.) MODEL # OF OCCUPANTS MAKE YEAR COLOR GIVE FULL LIABILITY INSURANCE INFORMATION OR IT WILL BE ASSUMED YOU DID NOT HAVE INSURANCE PLEASE NAME OF INSURANCE COMPANY (NOT AGENCY) COPY
FROM Automobile Insurance
POLICY POLICY NUMBER YEAR MONTH YEAR MONTH DAY Policy Period: from Name of Policy Holder Address OTHER FULL NAME ADDRESS STATE ZIP CODE **DRIVER** T H E R DRIVER'S LICENSE NUMBER STATE OF ISSUE DATE OF BIRTH CLASS SEX OTHER FULL NAME ADDRESS STATE ZIP CODE VEHICLE **OWNER** LICENSE PLATE NUMBER STATE OF ISSUE YEAR PARTS OF VEHICLE DAMAGED ESTIMATE COST TO REPAI TYPE (CAR. PICKUP. VAN. SUV. MOTORCYCLE, TRUCK, ETC.) # OF OCCUPANTS MAKE MODEL YFAR COLOR IF MORE THAN TWO VEHICLES - FILL IN SECTION "C" ON SEPARATE FORM AND ATTACH ENTER NUMBER FOR CORRECT RESPONSE IN EACH BOX BELOW TYPE CRASH COLLISION WITH A(N)

1- MOTOR VEHICLE

2- PARKED MOTOR VEHICLE COLLISION WITH FIXED OBJECT NON-COLLISION 21- CONSTRUCTION EQUIPMEI 22- TRAFFIC SIGNAL 23- RR CROSSING DEVICE 51- OVERTURN/ROLLOVER 52- SUBMERSION 53- FIRE/EXPLOSION 29- HYDRANT 37- EMBANKMENT/DITCH/CURB 30- TREE/SHRUBBERY 31- BRIDGE PIERS 38- BUILDING/WALL 39- ROCK OUTCROPS 3- ROADWAY EQUIPMENT - SNOWPLOW 12- COLLISION WITH OTHER 32- MEDIAN SAFETY BARRIER 4- ROADWAY EQUIPMENT - OTHER TYPE OF NON-FIXED OBJECT 24- LIGHT POLE 40- PARKING METER 54- JACKKNIFE 5- TRAIN 13- OTHER COLLISION TYPE 25- LITILITY POLE 33- CRASH CUSHION 41- OTHER FIXED OBJECT 55- LOSS/SPILLAGE NON-HAZ MAT 26- SIGN STRUCTURE 27- MAILBOXES 56- LOSS/SPILLAGE NON-HAZ MAT 64- NON-COLLISION OF OTHER TYPE - PEDALCYCLE, BIKE, ETC 34- GUARDRAII 42- UNKNOWN FIXED OBJECT 35- FENCE (NON-MEDIAN BARRIER) 7- PEDESTRIAN 8- DEER 28- OTHER POLES 36- CULVERT/HEADWALL 65- NON-COLLISION OF UNKNOWN TYPE WORK ZONE (CIRCLE CORRECT RESPONSE) SPEED LIMIT ENTER POSTED SPEED LIMIT (NOT YOUR TRAVEL SPEED) DID THE CRASH OCCUR IN A WORK ZONE? IF YES, WERE WORKERS PRESENT? YES NO WEATHER / ATMOSPHERE 5- SLEET/HAIL/FREEZING RAIN 8- SEVERE CROSSWINDS 1- CLEAR 6- FOG/SMOG/SMOKE 90- OTHER 7- BLOWING SAND/DUST/SNOV 5- ICE PACKED SNOW 1- DRY 2- WET 4-SLUSH 6- WATER (STANDING/MOVING) 8- DEBRIS 90- OTHER LIGHT CONDITION 1- DAY LIGHT 7- DARK (UNKNOWN LIGHTING) 4- DARK (STREET LIGHTS ON) TRAFFIC CONTROL DEVICE 90- OTHER 2- BEFORE SUNRISE (DAWN) 5- DARK (STREET LIGHTS OFF) 7- SCHOOL BUS STOP ARM 8- SCHOOL ZONE SIGN 9- NO PASSING ZONE 1- TRAFFIC SIGNAL 14- RR OVERHEAD FLASHERS/ 3- AFTER SUNSET (DUSK) 6- DARK (NO STREET LIGHTS) 2- OVERHEAD FLASHERS
3- STOP SIGN - ALL APPROACHES MANNER OF COLLISION 4- RAN OFF ROAD - LEFT SIDE 5- RIGHT ANGLE ("T-BONE") 4- STOP SIGN - NOT ALL APPROACHES 10- RR CROSSING GATE GATES OR STOP SIGN) 1- REAR END 5- YIELD SIGN 11- RR CROSSING -FLASHING LIGHTS - OPPOSING DIRECTION 90- OTHER 6- OFFICER/FLAG PERSON/SCHOOL PATROL 90- OTHER 98- NOT APPLICABLE 6- RIGHT TURN 7- RAN OFF ROAD - RIGHT SIDE 3- LEFT TURN DIRECTION OF TRAVEL PRIOR TO CRASH 1- NORTHBOUND 2- NORTH EASTBOUND ACTIONS / MANEUVERS PRIOR TO CRASH BY VEHICLE

1- GOING STRAIGHT AHEAD PARKED VEHICLES BY BICYCLIST 21- PARKED LEGALLY 22- PARKED ILLEGALLY 32- CROSSING AGAINST SIGNAL 51- RIDING WITH TRAFFIC 52- RIDING AGAINST TRAFFIC 41- STANDING/LYING IN ROAD FOLLOWING ROADWAY 42- EMERGING FROM BEHIND 3- EASTBOUND 2- WRONG WAY INTO 23- VEHICLE STOPPED 33- DARTING INTO TRAFFIC PARKED VEHICLE 53- MAKING RIGHT TURN 4- SOUTH EASTBOUND OPPOSING TRAFFIC
3- RIGHT TURN ON RED
4- LEFT TURN ON RED 34- OTHER IMPROPER CROSSING
35- CROSSING IN A MARKED CROSSWALK
36- CROSSING (NO SIGNAL OR CROSSWALK)
41- PERSON GETTING ON/OFF 54- MAKING LEFT TURN 55- MAKING U-TURN 5- SOUTH EASTBOUND 6- SOUTH WESTBOUND 56- RIDING ACROSS ROAD 7- WESTBOUND 5- MAKING RIGHT TURN 37- FAIL TO YIELD RIGHT OF WAY TO TRAFFIC VEHICLE 57- SLOWING/STOPPING 8- NORTH WESTBOUND 38- INATTENTION/DISTRACTION
39- WALKING/RUNNING IN ROAD WITH 6- MAKING LEFT TURN 45- PUSHING/WORKING ON VEHICLE STARTING 7- MAKING U-TURN 8- STARTING FROM PARKED 45- POSHING/WORKING OF 46- WORKING IN ROADWAY 47- PLAYING IN ROADWAY 90- OTHER TRAFFIC 40- WALKING/RUNNING IN ROAD POSITION 48- NOT IN ROADWAY 9- STARTING IN TRAFFIC 10- SLOWING IN TRAFFIC 11- STOPPED IN TRAFFIC AGAINST TRAFFIC 12- ENTERING PARKED POSITION 13- AVOID UNIT/OBJECT IN ROAD 14- CHANGING LANES 15- OVERTAKING/PASSING WAS THERE A POLICE OFFICER AT THE SCENE? IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE PATROL)**CONTINUE** REPORT ON 16- MERGING 17- BACKING **OTHER SIDE** NO YES 18- STALLED ON ROADWAY

As required by Minnesota Data Privacy Act you are hereby informed that the information requested on this form is collected pursuant to statute to provide statistical data on traffic crashes. The time and place of the crash, names of parties involved and insurance information may be disclosed to any person involved in the crash or to others persons as specified by law. This written report cannot be used against you as evidence in any civil or criminal matter and your version of how the crash happened is confidential.

SEAT AIR BAG FJECT IN.JURY OCCUPANT SEAT POSITION CODES SAFETY EQUIPMENT TYPE RESTRAINT DEVICE USED SAFETY EQUIPMENT USED **EJECTION CODES** INJURY CODES CODES CODES CODES 1- TRAPPED, EXTRICATED (INCLUDE MOTORCYCLE DRIVER) A- INCAPACITATING INJURY 1- NO SAFETY EQUIP IN PLACE 1- BELTS NOT USED 1- DEPLOYED-FRONT (BY MECHANICAL MEANS) 2- FRONT CENTER 3- FRONT RIGHT 2- LAP BELT ONLY USED 3- SHOULDER BELT ONLY USED 2- DEPLOYED-SIDE 2- TRAPPED, FREED BY B- NON-INCAPACITATING INJURY 3- DEPLOYED-FRONT AND SIDE NON-MECHANICAL MEANS C- POSSIBLE INJURY 2- LAP BELT 4- SECOND ROW SEAT LEFT 3- SHOULDER BELT 4- LAP AND SHOULDER BELT USED 4- NOT DEPLOYED-SWITCH ON 3- PARTIALLY EJECTED N- NO APPARENT INJURY 5- SECOND ROW SEAT CENTER 6- SECOND ROW SEAT RIGHT 4- LAP & SHOULDER BELT 5- CHILD SAFETY SEAT 5- NOT DEPLOYED-SWITCH OFF 4- EJECTED 5- CHILD SEAT NOT USED 6- NOT DEPLOYED- UNKNOWN 7- THIRD ROW SEAT LEFT 6- CHILD BOOSTER SEAT 6- CHILD SEAT USED IMPROPERLY IF SWITCH ON OR OFF 5- NOT EJECTED OR TRAPPED 8- THIRD ROW SEAT CENTER 7- CHILD SEAT USED PROPERLY 90- OTHER DEPLOYMENTS 9- THIRD ROW SEAT RIGHT 98- NOT APPLICABLE 8- BOOSTER SEAT NOT USED (MOTORCYCLE, SNOWMOBILE, ECT.) 9- BOOSTER SEAT USED IMPROPERLY 10- BOOSTER SEAT USED PROPERLY 98- NOT APPLICABLE (MOTORCYCLE, 10- OUTSIDE OF VEHICLE 11- TRAILING UNIT 12- PICKUP TRUCK BED SNOWMOBILE, ECT.) 13- TRUCK CAB SLEEPER SECTION 11- HELMET NOT USED 14- PASSENGER IN OTHER POSITION 12- HELMET USED (INCLUDE MOTORCYCLE PASSENGER) 15- PASSENGER IN UNKNOWN POSITION 16- FRONT LEFT (NON-DRIVER) MY VEHICLE: DRIVER AND PASSENGERS INFORMATION: DATE OF BIRTH (OR AGE) SEX SEAT TYPE USE AIR BAG EJECT INJURY DATE OF BIRTH (OR AGE) AIR BAG PASSENGER NAME CITY STATE DATE OF BIRTH (OR AGE) SEX SEAT TYPE USE AIR BAG EJECT INJURY PASSENGER NAME CITY STATE DATE OF BIRTH (OR AGE) SEX SEAT TYPE USF AIR BAG EJECT INJURY DESCRIBE ACCIDENT IN SUFFICIENT DETAIL BELOW TO DISCLOSE CAUSES. DESCRIBE WHAT HAPPENED: DIAGRAM WHAT HAPPENED: DAMAGE TO PROPERTY OTHER THAN VEHICLES: (MAILBOX, FENCE, SIGNPOST, GUARDRAIL, ETC.) DESCRIBE PROPERTY DAMAGED: NAME OF PROPERTY OWNER: ESTIMATE COST OF REPAIR MAIL THIS REPORT TO: SIGN HERE X SIGNATURE OF PERSON SUBMITTING REPORT IS REQUIRED **DVS / CRASH RECORDS** ADDRESS DATE OF REPORT 445 MINNESOTA STREET, SUITE 181 ST. PAUL, MN 55101-5181