

## **Appendix A: Example MN DPS Accident Reports**

Accident Report

1 0 5 0 1 0 4 1

LOCAL CASE NO mp10095252		AMENDED N		MONTH 4		DATE 7		YEAR 2010		DAY Wed		MILEAGE TIME 1652	
ROUTE SYSTEM 08		ROUTE (NUMBER) OR STREET NAME Pillsbury Ave S		AT INTERSECTION N		ON W		OFF E		BY S			
CITY NO 27		CITY minneapolis		REFERENCE FOR +		08		28th street					

**Location and Time**

FACTOR 1 02		POSITION 01		STATE MN		CLASS D		DL STATUS D		POSTION 35		STATE MN		CLASS D		DL STATUS D		FACTOR 1 01	
FACTOR 2		NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH		NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH		FACTOR 2		NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH		FACTOR 2		FACTOR 2	
WALKER 05		ADDRESS		OR VEHICLE REGISTRATION N <sub>2</sub>		ADDRESS		OR VEHICLE REGISTRATION N <sub>2</sub>		WALKER 05		ADDRESS		OR VEHICLE REGISTRATION N <sub>2</sub>		WALKER 05		WALKER 05	
PHYSICIAN 98		CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP		PHYSICIAN 98		CITY, STATE, ZIP		CITY, STATE, ZIP		PHYSICIAN 98		PHYSICIAN 98	
HOLDING		ADDRESS		SAFE EXPT USE 04		SAFE EXPT USE 04		ADDRESS		SAFE EXPT USE 98		SAFE EXPT USE 98		ADDRESS		SAFE EXPT USE 98		SAFE EXPT USE 98	
ALCOHOL		TYPE		TO HELP		TRANSPORT		AMBULANCE SERVICE		ALCOHOL		TYPE		TO HELP		TRANSPORT		AMBULANCE SERVICE	
CRASH CODES		OWNER NAME		ADDRESS		CITY, STATE, ZIP		OWNER NAME		ADDRESS		CITY, STATE, ZIP		OWNER NAME		ADDRESS		CITY, STATE, ZIP	
VEHICLE		MAKE		MODEL		YEAR		COLOR		VEHICLE		MAKE		MODEL		YEAR		COLOR	
PLATE #		REG		YEAR REG		REG		PLATE #		REG		YEAR REG		REG		PLATE #		REG	

**Personal Information**

CARGO BOX TYPE		IF ACCIDENT INVOLVED A COMMERCIAL MOTOR VEHICLE, SCHOOL BUS, OR HEAD START BUS REMEMBER TO NOTIFY THE STATE PATROL (Inquired under 618.168.783 and 169.4511)		CARGO BOX TYPE	
WITNESSES		LIST (METH. DATE OF BIRTH SEX TYPE LINE ADDRESS ELECT IN/VEH TO HELP TRANSPORT		WITNESSES	

**Witness or Passenger Information**

ACC TYPE 06		LOCATY 04		NARRATIVE		04	
CRASH CODES		CRASH DIAGRAM		VEHICLE 1 (striking vehicle) was traveling NB on Pillsbury Ave S. attempting to make a right hand turn onto 28th street, which is a one way traveling EB. Vehicle 2 (pedestrian on a bike) traveling EB. direction crossing over. All parties were at a stop sign and began to go at the same time. Vehicle 1 fails to yield the right away to the person on a bike. Vehicle 1 struck the pedestrian on the bike. No injuries apparent at the time, but the bike were destroyed and un ride able. All parties were valid and refused EMS and was given. Caprs report was completed. case cards.		CRASH CODES	
AGENCY		Mpls Park PD		PATROL STATION		STATE PATROL LOCAL	
OFFICER NAME, NAME AND BADGE #				STATE PATROL LOCAL		SHOUP OTHER	

**Crash Diagram and Narrative**

Accident Report

LOCAL CASE NO. 10-122763		AMENDED N		STATE OF MINNESOTA		DATE MAY - 3 2010		DAY Sun		MILITARY TIME 1853										
INITIAL RUN N	POB PROP Y	VEHICLES 01	KILLED 00	INJURED 01	SMBN X	MONTH 5	DATE 2	YEAR 2010	DAY Sun	MILITARY TIME 1853										
ROUTE SYSTEM 10		ROUTE NUMBER OR STREET NAME 31 St E		ROADWAY DIRECTION E W		ROUTE BYS 10		ROUTE #, STREET, CORP LMT, OR FEATURE 13 Av S		BY INTERSECTION WITH OR										
CITY 27	CITY Minneapolis	INT ELBN	REFERENCE POINT +	STATE MN		CLASS D	DL STATUS 01	FACTOR 1 01		FOR DRG USE ONLY										
FACTOR 1 05	POSITION 25	DRIVER LICENSE NUMBER - 1		STATE	CLASS	DL STATUS	FACTOR 1 01	FACTOR 2 03	NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH									
FACTOR 2 03	NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH	NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH	FACTOR 2 01	ADDRESS		OR VEHICLE RESTRICT	LICENSE									
ADDRESS	CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP		ROOMNO 01	ADDRESS	CITY, STATE, ZIP		ROOMNO 01									
ROOMNO 01	ADDRESS	SEX F	SAFE EQPT 98	SAFE EQPT 11	AIRBAG 98	EJECT 98	INJ SERV C	ADDRESS	SEX F	SAFE EQPT 99	SAFE EQPT 06	EJECT 05	INJ SERV N	ROOMNO 01						
ALCHL TEST ?	TYPE	DRUG TEST ?	TYPE	TO HOSP Y?	TRANSPORT AMB OTHER	AMBULANCE SERVICE HCMC	RUN NUMBER	ALCHL TEST ?	TYPE	DRUG TEST ?	TYPE	TO HOSP ?	TRANSPORT AMB OTHER	AMBULANCE SERVICE	RUN NUMBER					
OCCUP 02	DRIVER NAME		DRIVER NAME		DRIVER NAME		OCCUP 02	ADDRESS		ADDRESS		ADDRESS		OCCUP 01						
VEH TYP 53	ADDRESS		ADDRESS		ADDRESS		VEH TYP 01	CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP		VEH USE 01						
VEH USE 01	CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP		VEH USE 01	CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP		VEH USE 01						
DMG LOC 04	MAKE	MODEL	YEAR	COLOR	MAKE	MODEL	YEAR	COLOR	MAKE	MODEL	YEAR	COLOR	DMG LOC 04	DMG LOC 04						
DMG BEV 03	PLATE #	ST REG	YEAR REG	SEQUENCE OF EVENTS 01	PLATE #	ST REG	YEAR REG	SEQUENCE OF EVENTS 06	PLATE #	ST REG	YEAR REG	SEQUENCE OF EVENTS 06	DMG BEV 03	DMG BEV 03						
INSURANCE		POLICY NUMBER		INSURANCE (UNIT 2)		POLICY NUMBER		INSURANCE		POLICY NUMBER		INSURANCE		POLICY NUMBER						
CARGO BOY TYPE	HAZ MAT FLAG	HAZ MAT FLAG	INSPECTION #	INSP BADGE #	IF ACCIDENT INVOLVED A COMMERCIAL MOTOR VEHICLE, SCHOOL BUS, OR HEAD START BUS REMEMBER TO NOTIFY THE STATE PATROL (required under MS 169.783 and 169.A511).				HAZ MAT FLAG	HAZ MAT FLAG	CARGO BOY TYPE									
COMMERCIAL VEHICLE NUMBER 1 - MOTOR CARRIER NAME		DOT NUMBER		COMMERCIAL VEHICLE NUMBER 2 - MOTOR CARRIER NAME		DOT NUMBER		COMMERCIAL VEHICLE NUMBER 3 - MOTOR CARRIER NAME		DOT NUMBER										
PASSENGERS / WITNESSES		UNIT	PORTN	DATE OF BIRTH	SEX	TYPE	USE	AIRBAG	EJECT	INJ SERV	TO HOSP	TRANSPORT	AMB SERVICE	RUN NUMBER						
PASSENGERS / WITNESSES		02	03		F	99	99	06	05	N	N		AMB SERVICE	RUN NUMBER						
PASSENGERS / WITNESSES		W			F								AMB SERVICE	RUN NUMBER						
PASSENGERS / WITNESSES													AMB SERVICE	RUN NUMBER						
OWNER OF OTHER DAMAGED PROPERTY AND DESCRIPTION OF DAMAGED PROPERTY (AND/OR YELLOW TAG NUMBER)										DAMAGED PROPERTY YELLOW TAG NUMBER										
ACC TYP 06	SCHL BUS 03	LOCATN 01	ON BRIDGE N	TYPE OF VZ 98	LOC OF COLLISION 98	WORKERS PRESENT I	ROESGH 08	NO BURP 01	RD CHAR 01	NARRATIVE		DEVICE 03	WORKING 01	INT PER 04	SPEED LIMIT 30	WEATHER 1 02	WEATHER 2	LIGHT 01	PHOTOS TAKEN N	DIAGRAM 05
NOT TO SCALE												<p>DRIVER OF VEHICLE #2 WAS TRAVELING SB ON 13 AV S AND STOPPED AT THE STOP SIGN AND THEN PROCEEDED THROUGH THE INTERSECTION SB. AS SHE GOT PARTWAY THROUGH THE INTERSECTION A BIKER ON A PEDAL BIKE RAN THE STOP SIGN GOING EB AND STRUCK DRIVER #2'S VEHICLE IN THE REAR RIGHT QTR PANEL. DRIVER #1 ON THE PEDAL BIKE WAS TRANSPORTED TO HCMC. BOTH PARTIES WERE GIVEN BLUE CARDS AND ADVISED.</p>		<p>DRIVER OF VEHICLE #2 WAS TRAVELING SB ON 13 AV S AND STOPPED AT THE STOP SIGN AND THEN PROCEEDED THROUGH THE INTERSECTION SB. AS SHE GOT PARTWAY THROUGH THE INTERSECTION A BIKER ON A PEDAL BIKE RAN THE STOP SIGN GOING EB AND STRUCK DRIVER #2'S VEHICLE IN THE REAR RIGHT QTR PANEL. DRIVER #1 ON THE PEDAL BIKE WAS TRANSPORTED TO HCMC. BOTH PARTIES WERE GIVEN BLUE CARDS AND ADVISED.</p>						
OFFICER RANK, NAME AND BADGE #		AGENCY Minneapolis PD		PATROL STATION		STATE PATROL SHERIFF OTHER		LOCAL OTHER												

LOCAL CASE NO. 10-268463		AMENDED N		MONTH 9		DATE 2		YEAR 2010		DAY Thu		MILITARY TIME 0851							
WIT-AND-RSU N	RUB PROP N	VEHICLES 01	KILLED 00	INJURED 01	DAM 9	ROUTE SYSTEM ON 10		ROUTE NUMBER OR STREET NAME Chicago Ave. S		ROADWAY DIRECTION E W		AT INTERSECTION OR							
COUNTY NO 27	CITY TWP Minneapolis	REFERENCE POINT RECEIVED SEP-3 2010		ROUTE SYS 10		ROUTE A STREET, CORP LIMIT, OR FEATURE Franklin Av E		STATE MN		CLASS D		PL STATUS 05							
FACTOR 1 01	POSITION 01	DRIVER LICENSE NUMBER - 1		STATE MN	CLASS D	DL STATUS 01	POSITION 25	DRIVER LICENSE NUMBER - 2		STATE MN	CLASS D	PL STATUS 05	FACTOR 1 01						
FACTOR 2 01	NAME (FIRST, MIDDLE, LAST)			DATE OF BIRTH			NAME (FIRST, MIDDLE, LAST)			DATE OF BIRTH			FACTOR 2 01						
MANEVR 06	ADDRESS			OR VIOLATION DISTRICT N2 01			ADDRESS			OR VIOLATION DISTRICT N2 01			MANEVR 01						
PHYSICL 01	CITY, STATE, ZIP			CITY, STATE, ZIP			CITY, STATE, ZIP			CITY, STATE, ZIP			PHYSICL 01						
ROOMNO 01	ADDRESS CORRECT ?	SEX F	SAFE COPY USE 04	SAFE COPY USE 04	ARRAG 06	EJECT 05	INJ SEV N	ADDRESS CORRECT Y?	SEX M	SAFE COPY USE 98	SAFE COPY USE 98	ARRAG 98	EJECT 98	INJ SEV C	ROOMNO 01				
ALCOH TEST Y	TYPE 98	DRUG TEST N	TYPE 98	TO HOSP N	TRANSPORT AMBS OTHER	AMBULANCE SERVICE	RUN NUMBER	ALCOH TEST N	TYPE 98	DRUG TEST N	TYPE 98	TO HOSP Y?	TRANSPORT AMBS OTHER	AMBULANCE SERVICE HCMC	RUN NUMBER 10044069				
OCCLUP 0E	OWNER NAME			FIRE N			OWNER NAME			FIRE ?			OCCLUP 0E						
VEH TYP 01	ADDRESS			TOWED N			ADDRESS			TOWED ?			VEH TYP 53						
VEHUSE 01	CITY, STATE, ZIP			PULLING UNIT N			CITY, STATE, ZIP			PULLING UNIT ?			VEHUSE 03						
DAG LOG 08	MAKE LEXS	MODEL SC3	YEAR 1994	COLOR WHI	MAKE			MODEL	YEAR	COLOR	DAG LOG								
DAG BEV 02	PLATE #	STAGE MN	YEAR REG 10	SEQUENCE OF EVENTS 01	FOURTH	MOST HARM EVENT 06	PLATE #	STAGE	YEAR REG 01	SEQUENCE OF EVENTS 06	FOURTH	MOST HARM EVENT 06	DAG BEV						
INSURANCE		POLICY NUMBER		INSURANCE (AFT #)		POLICY NUMBER		INSURANCE		POLICY NUMBER		INSURANCE							
CARDNO BOY TYPE	HAZ MAT PLAC	INVAID	INSPECTION #	INSP BADGE #	IF ACCIDENT INVOLVED A COMMERCIAL MOTOR VEHICLE, SCHOOL BUS, OR HEAD START BUS REMEMBER TO NOTIFY THE STATE PATROL (required under 645.169.763 and 169.4511)				MAILED	HAZ MAT PLAC	CARDNO BOY TYPE								
COMMERCIAL VEHICLE NUMBER 1 - MOTOR CHASSIS NAME				DOI NUMBER	COMMERCIAL VEHICLE NUMBER 2 - MOTOR CHASSIS NAME				DOI NUMBER										
PASSENGERS / WITNESSES												DAMAGED PROPERTY / YELLOW TAG NUMBER							
OWNER OF OTHER DAMAGED PROPERTY AND DESCRIPTION OF DAMAGED PROPERTY AND/OR YELLOW TAG NUMBER(S)																			
ACD TYP 06	BCHL BUS 03	LOCATI 01	ON BRIDGE N?	TYPE OF WZ 90	LOG OF CRASH WZ 90	REASON Y?	RD SURF 90	RD CHAR 01	NARRATIVE				DEVICE 01						
								<p>Unit 1 was traveling EB on Franklin Ave. E and while conducting a left turn onto Chicago Ave. S, Unit 1 struck Unit 2 (bicyclist), who was traveling WB on Franklin Ave. E. A witness in the area advised that Unit 2 was traveling on the street. The bicyclist was transported to the hospital for minor injuries to the right leg and right arm. Unit 1 suffered a minor dent to the front right side.</p>				WORKING 01	PHOTOS TAKEN 04	SPEED LIMIT 30	WEATHER 1 01	WEATHER 2 01	LIHT 01	PHOTOS TAKEN N	DIAGRAM 03
OFFICER RANK, NAME AND BADGE #								AGENCY Minneapolis PD		PATROL STATION		STATE PATROL		LOCAL					
												SHERIFF		OTHER					

LOCAL CASE NO. 10-143944		AMENDED N		MONTH 5		DATE 22		YEAR 2010		DAY Sat		MILITARY TIME 1520	
INT AND RUN N	PUB PROP N	VEHICLES 01	KILLED 00	DAMAGED 01	SEEN N	ROUTE SYSTEM ON 10 ROUTE NUMBER OR STREET NAME 19TH AVE NE						LOCATION DIRECTION 8 W 8 W	
COUNTY NO 27		CITY MINNEAPOLIS		RECEIVED MAY 24 2010				ROUTE SYS 10		ROUTE #, STREET, CORP LIMIT, OR FEATURE CENTRAL AVE NE			

FACTOR 1 90	POSITION 30	DRIVER LICENSE NUMBER - 1	STATE MN	CLASS D	DL STATUS 01	FACTOR 2 01	POSITION 01	DRIVER LICENSE NUMBER - 2	STATE MN	CLASS D	DL STATUS 01	FACTOR 1 01			
NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH		NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH		NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH		FACTOR 2 05			
ADDRESS		OR VIOLENT RESTRICT		ADDRESS		OR VIOLENT RESTRICT		ADDRESS		OR VIOLENT RESTRICT		PHYSIC 01			
CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP		ROOM NO 01			
ADDRESS CORRECT ?	SEX F	SAFE EOPT TYPE 98	SAFE EOPT USE 98	AIRBAG 04	EJECT 04	INJ SEV C	ADDRESS CORRECT ?	SEX M	SAFE EOPT TYPE 04	SAFE EOPT USE 04	AIRBAG 06	EJECT 05	INJ SEV N		
ALCHL TEST ?	TYPE	DRUG TEST ?	TYPE	TO HOSP ?	TRANSPORT ?	AMBULANCE SERVICE ?	ALCHL TEST ?	TYPE	DRUG TEST ?	TYPE	TO HOSP ?	TRANSPORT ?	AMBULANCE SERVICE ?		
OCCLUP 02	OWNER NAME		FIRE ?		OCCLUP 01		OWNER NAME		FIRE ?		OCCLUP 01				
VEN TYP 53	ADDRESS		TOWED ?		VEN TYP 04		ADDRESS		TOWED ?		VEN TYP 04				
VEH USE 98	CITY, STATE, ZIP		PULLING UNIT ?		VEH USE 01		CITY, STATE, ZIP		PULLING UNIT ?		VEH USE 01				
DMG LOC	MAKE	MODEL	YEAR	COLOR	DMG LOC 03	MAKE	MODEL	YEAR	COLOR	DMG LOC 03	MAKE	MODEL	YEAR	COLOR	
DMG SEV	PLATE #	ST REG	YEAR REG	POST	RECORD OF EVENTS REGNO	PLATE #	ST REG	YEAR REG	POST	RECORD OF EVENTS REGNO	PLATE #	ST REG	YEAR REG	POST	
INSURANCE		POLICY NUMBER		INSURANCE (UNIT 2)		POLICY NUMBER		INSURANCE (UNIT 3)		POLICY NUMBER		INSURANCE (UNIT 4)		POLICY NUMBER	

CARD NO TYPE	HAZ MAT PLAC ?	HAZ MAT PLAC ?	INSPECTION #	WSP BADGE #	IF ACCIDENT INVOLVED A COMMERCIAL MOTOR VEHICLE, SCHOOL BUS, OR HEAD START BUS REMEMBER TO NOTIFY THE STATE PATROL (required under MS 169.783 and 169.4511)				WAVED ?	HAZ MAT PLAC ?	CARD NO TYPE
COMMERCIAL VEHICLE NUMBER 1 - MOTOR CARRIER NAME		DOT NUMBER		COMMERCIAL VEHICLE NUMBER 2 - MOTOR CARRIER NAME		DOT NUMBER					

PASSENGERS / WITNESSES	UNIT	POSTN	DATE OF BIRTH	SEX	TYPE	USE	AIRBAG	EJECT	INJ SEV	TO HOSP	TRANSPORT	AMB SERVICE	RUN NUMBER
	W			M									

OWNER OF OTHER DAMAGED PROPERTY AND DESCRIPTION OF DAMAGED PROPERTY AND/OR YELLOW TAG NUMBER

DAMAGED PROPERTY / YELLOW TAG NUMBER

ACC TYP 06	SCHL BUS 03	LOCATN 01	ON BRIDGE N	TYPE OF WJ 98	LOC OF DAMAGE 98	WORKERS PRESENT N	RIDE SH 08	NO SURF 01	NO CHAR 01	DEVICE 98
									WORKING 98	
<p>NARRATIVE:</p> <p>UNIT #2 STOPPED IN ALLEY FACING NORTH BOUND TO MAKE RIGHT TURN ONTO 19TH AVE.</p> <p>UNIT 1 (BICYCLIST) RIDING ON THE SIDEWALK WEST BOUND / 19TH AVE THEN RAN INTO THE RIGHT SIDE OF UNIT #2.</p>									WT REL 01	
									SPED LIMIT 10	
									WEATHER 1 01	
									WEATHER 2 01	
									LIGHT 01	
									PHOTOS TAKEN N	
									DIAGRAM 05	

OFFICER RANK, NAME AND BADGE #	AGENCY Minneapolis PD	PATROL STATION	<input type="checkbox"/> STATE PATROL	<input checked="" type="checkbox"/> LOCAL
			<input type="checkbox"/> SHERIFF	<input type="checkbox"/> OTHER