

MV4000 REPORT INFORMATION SHEET

1-060-1 R4

Date _____ Time _____ On Hwy. # _____

_____ Ft/Miles Direction N \$ W E From/At _____ Ref. Point _____

Unit # _____ # of Occupants _____

Operator Name _____ Last _____ First _____ MI _____ Sex/Race _____

Address Street & Number _____

City & State _____ Zip _____ Phone (_____) _____

D.I. Number _____ State _____ Exp. Year _____

DOB _____ / _____ / _____ Operating As: Class A B C D M O Endorse H N P S T F

Severity	Seat	Safety	Airbag
K A B C N	Position	Equipment	Deployed Non-Deployed Not App Unk
	1 2 3	Transported	Y N
	4 5 6		
	7 8 9		

Vehicle Owner _____ Last _____ First _____ MI _____

Street Address _____

City & State _____ Zip _____ Phone _____

Year of Vehicle _____ Make _____ Model _____ Body Style _____ Color _____

Vehicle ID Number _____

License Plate # _____ Type _____ State _____ Exp. Year _____

Policy Holder Name _____ Liability Insurance Co. _____

Occupant Name _____ Last _____ First _____ MI _____ DOB _____ / _____ / _____

Address _____ Street & Number _____ City & State _____ Zip _____ Sex/Race _____

Severity	Seat	Safety	Airbag
K A B C N	Position	Equipment	Deployed Non-Deployed Not App Unk
	1 2 3	Transported	Y N
	4 5 6		
	7 8 9		

Occupant Name _____ Last _____ First _____ MI _____ DOB _____ / _____ / _____

Address _____ Street & Number _____ City & State _____ Zip _____ Sex/Race _____

Severity	Seat	Safety	Airbag
K A B C N	Position	Equipment	Deployed Non-Deployed Not App Unk
	1 2 3	Transported	Y N
	4 5 6		
	7 8 9		

Occupant Name _____ Last _____ First _____ MI _____ DOB _____ / _____ / _____

Address _____ Street & Number _____ City & State _____ Zip _____ Sex/Race _____

Severity	Seat	Safety	Airbag
K A B C N	Position	Equipment	Deployed Non-Deployed Not App Unk
	1 2 3	Transported	Y N
	4 5 6		
	7 8 9		

Time Amb. Called _____ Amb. # _____ Conveyed to _____

Time Arrived _____ Nature of Injuries _____

Statement _____

Witness Name _____ Last _____ First _____ MI _____ DOB ____ / ____ / ____

Address _____ Street & Number _____ City & State _____ Zip _____ Phone (____) _____

Witness Statement _____

Power _____ Trailer _____ Towed _____
Unit _____ Make _____ Unit _____ Vin _____

License _____ Plate _____ Plate _____ Exp. _____ Hazardous Materials Y N
Plate # _____ Type _____ State _____ Year _____ Load Type _____

Axles # _____ Interstate Carrier Y N Carrier Name _____

US DOT _____ LC _____

ICC MC _____ IC _____ Gross Vehicle Weight _____

Property Damage _____

Owner _____

Light Condition	Weather Condition	Road Condition	Time Notified
1 Daylight	1 Clear	1 Dry	_____
2 Dark	2 Cloudy	2 Snow or Ice	_____
3 Dark with Street Lights	3 Rain	3 Wet	Time Arrived _____
4 Dawn or Dusk	4 Snow or Ice	4 Gravel	_____



Darken Numbered Area(s) of Vehicle Damage

Darken Numbered Area(s) of Vehicle Damage	Extent of Damage
0 None	0 None
10 Undercarriage	4 Severe
11 Total (Damage to all areas)	1 Very minor 5 Very Severe
12 Other	2 Minor 6 Unknown
13 Unknown	3 Moderate

Vehicle towed due to damage Y N _____

Vehicle removed by _____

MUNICIPALITY CODES:

- 40: MILWAUKEE COUNTY
- 65: Bayside
- 66: Brown Deer
- 56: Cudahy
- 51: Fox Point
- 68: Franklin
- 62: Glendale
- 61: Greendale
- 69: Greenfield
- 64: Hales Corners
- 57: Milwaukee
- 67: Oak Creek
- 52: River Hills
- 63: St. Francis
- 53: Shorewood
- 58: South Milwaukee
- 59: Wauwatosa
- 60: West Allis
- 54: West Milwaukee
- 55: Whitefish Bay

INJURY SEVERITY CODES:

- K = Fatal Injury
- A = Incapacitating Injury
- B = Nonincapacitating Injury
- C = Possible Injury
- N = No Apparent Injury

SAFETY EQUIPMENT:

- 0 None Used
- 1 Shoulder & Lap Belt
- 2 Lap Belt Only
- 3 Shoulder Belt Only
- 4 Child Safety Seat
- 5 Helmet
- 6 Helmet & Eye Protection
- 7 No Helmet — Eye Only
- 8 Non-Motorist—N/A
- 9 Unknown