# TRAFFIC CRASH REPORT – Statement

Wisconsin Department of Transportation
SP4426 7/2012

| Name (First, Middle, Last) | Crash Number |
|---|---|
| | |
| Address | Birth Date (m/d/yyyy) |
| | |
| City, State, ZIP Code | Home (Area Code) Telephone Number |
| | |
| | Business (Area Code) Telephone Number |
| | |

| Were you the: ☐ Driver ☐ Passenger ☐ Witness | In what direction were you heading or facing? |
|---|---|
| On what highway were you traveling? | In what lane were you? |

NARRATIVE: In your own words, explain what happened:

You may draw a picture to help you explain what happened.

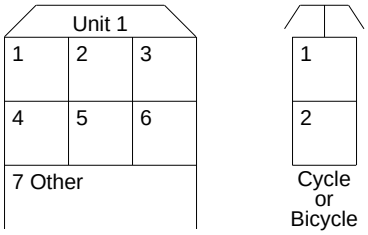
*Please complete reverse side, where applicable.*

X _____
(Signature) (Date)

Condition at the Time of the Crash - Circle one for each category

| LIGHT CONDITION | WEATHER CONDITION | ROAD CONDITION |
|---|---|---|
| 1. Daylight | 1. Clear | 1. Dry |
| 2. Dark | 2. Cloudy | 2. Snow or Ice |
| 3. Dark with Street Lights | 3. Rain | 3. Wet |
| 4. Dawn or Dusk | 4. Snow or Ice | 4. Gravel |
| | 5. Fog or Mist | 5. Slush |
| | 6. Sleet | 6. Muddy |
| | | 7. Oily |
| | | 8. Other |

Place an **X** where you were seated in this vehicle.




Crash Date

Approximate Time of Crash

Where were you coming from prior to the crash?

Where were you going to?

On this trip, how long have you been driving/riding prior to this crash?

How often do you drive this vehicle?

Does your vehicle have airbags?
☐ NO ☐ YES

Did any airbags deploy?
☐ NO ☐ YES

As far as you know, was there anything wrong with this vehicle prior to the crash?
☐ NO ☐ YES, if YES explain what:

Who else was with you at the time of the crash? For each passenger, give name, address, birth date and seat position. Use additional pages, if needed.

Were you wearing your seat belt?
☐ NO ☐ YES

Were passengers wearing their seat belts?
☐ NO ☐ YES

What were you doing prior to the crash?

Did anything interfere with your view at the time of the crash?
☐ NO ☐ YES, if YES explain what:

Were there any other vehicles nearby at the time of the crash?
☐ NO ☐ YES

Did any of these vehicles contribute to the crash?
☐ NO ☐ YES, if YES explain how:

How fast were you traveling?

Did you do anything to avoid this crash, i.e., braking, turning, etc.?

In your opinion, why did this crash occur?

Have any of the vehicles been moved since the crash?

Have you taken any medication or alcohol within the 6 hours prior to the crash?
☐ NO ☐ YES, if YES explain what:

Do you have insurance?
☐ NO ☐ YES, if YES list name of insurance company:

*Please complete reverse side, where applicable.*

| **State Patrol Use Only** | Statement Made To (Person Name) | Statement Date ☐ AM ☐ PM |
|---|---|---|
| | Statement Made At (Location) | Statement Time |