TRAFFIC CRASH REPORT – Statement Wisconsin Department of Transportation SP4426 7/2012		Crash Number	
Name (First, Middle, Last)		Birth Date (m/d/yyyy)	
Address		Home (Area Code) Telephone Number	
City, State, ZIP Code		Business (Area Code) Telephone Number	
Were you the:  Driver Passenger Witness	In what direction	ction were you heading or facing?	
On what highway were you traveling?	In what lane w	vere you?	
NARRATIVE: In your own words, explain what happened:	1		
You may draw a picture to help you explain what happened.			
	V		
Please complete reverse side, where applicable.	X		

(Date)

Condition at the Time of t	the Crash - Circle one for	each category	Place an <b>X</b> where you were	Unit 1	
LIGHT CONDITION		seated in this vehicle.	1 2 3	1	
<ol> <li>Daylight</li> <li>Dark</li> </ol>	Clear     Cloudy	2. Snow or Ice			
Dark with Street Lights	3. Rain	3. Wet		4 5 6	2
4. Dawn or Dusk	4. Snow or Ice	4. Gravel 5. Slush			
	<ol><li>Fog or Mist</li></ol>	6. Muddy		7 Other	Cycle
	6. Sleet	7. Oily			or Bicycle
		8. Other			
Crash Date			Approximate Time of Crash		
Where were you coming	from prior to the crash?				
where were you coming	nom phor to the crash:				
Where were you going to	)?				
On this trip, how long have	ve you been driving/riding	prior to this crash?			
How often do you drive the	his vehicle?				
Does your vehicle have a	airbags?		Did any airbags deploy?		
☐ NO ☐ YES	· ·		□ NO □ YES		
	there anything wrong with	this vehicle prior to the	e crash?		
	f YES explain what:				
Who else was with you a	t the time of the crash? Fo	or each passenger, give	name, address, birth date and se	eat position. Use additional pag	ges, if needed.
Were you wearing your s	eat belt?		Were passengers wearing the	eir seat belts?	
☐ NO ☐ YES			□ NO □ YES		
What were you doing prid	or to the crash?				
	h your view at the time of YES explain what:	the crash?			
Were there any other veh	nicles nearby at the time o	of the crash?			
Did any of these vehicles	contribute to the crash?				
	f YES explain how:				
How fast were you travel	ing?				
Did you do anything to av	void this crash, i.e., brakin	g, turning, etc.?			
In your opinion, why did t	this crash occur?				
Have any of the vehicles	been moved since the cra	ash?			
	lication or alcohol within the YES explain what:	ne 6 hours prior to the o	crash?		
Do you have insurance?					
NO YES, if	f YES list name of insur	rance company:			
Please complete reve	rse side, where applica	ble.			
<b>.</b>	Statement Made To (Person	Name)		Statement Date	
State Patrol	Statement Made At (Location	2)		Statement Time	
Use Only	Glatement Made At (Location	<u></u>		Statement Hitte	AM