**STATE OF SOUTH DAKOTA INVESTIGATOR’S**

**MOTOR VEHICLE TRAFFIC ACCIDENT REPORT**

Please Type or Print Submission: [ ] Original [ ] Amended Sheet of

**Date of Accident (MM/DD/YY):**

**Time of Accident (HH:MM):**

**County:**

**City Accident Occurred in or Indicate Rural:**

**Road, Street or Highway Accident Occurred:**

At its Intersection With

- [ ] Of MRM (Milepost)
- [ ] Miles & Tenths
- [ ] Feet

**NOTE:** Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street.

- [ ] Of Intersecting Street
- [ ] Miles & Tenths
- [ ] Feet

- [ ] Miles & Tenths
- [ ] Of

**Full Name (Last, First, Middle):**

**Address:**

**City:**

**State:**

**Zip:**

**Date of Birth:**

**Phone No:**

**Driver’s License Number:**

**Citation Charge?** [ ] Yes [ ] No [ ] Pending [ ] Unknown

**1.**

**2.**

**DL State:**

**DL Class:**

**DL Status:**

- [ ] Normal, within restrictions
- [ ] No license required
- [ ] Beyond restriction
- [ ] Under suspension
- [ ] Revoked
- [ ] No license
- [ ] Expired license
- [ ] No license endorsement for this vehicle type
- [ ] Unknown

**Owner’s Name (Last, First, Middle):**

**Check if Same as Driver:**

**Address:**

**City:**

**State:**

**Zip:**

**VIN #:**

**Insurance Co Name:**

**Insurance Policy #:**

**Eff Date:**

**Exp Date:**

**Model Yr:**

**Make:**

**Model:**

**License Plate #:**

**State:**

**Year:**

**Total Occupants:**

**Speed Limit:**

**Est Travel Speed:**

**Speed – How Estimated:**

- [ ] Officer Estimate
- [ ] Occupant Statement
- [ ] No Estimate
- [ ] Driver Statement
- [ ] Witness Statement

**Hit and Run?**

**Damage Extent:**

- [ ] None - No Damage
- [ ] Functional Damage
- [ ] Minor Damage
- [ ] Disabling Damage
- [ ] Unknown

**Vehicle Towed?**

**Emergency Vehicle Use?**

**Trailer License Plate #:**

**Attached to Power Unit:**

**State:**

**Year:**

**Trailer License Plate #:**

**Attached to Trailer Unit:**

**State:**

**Year:**

**UNIT 1**

**Carrier Name:**

**Address:**

**City:**

**State:**

**Zip:**

**US DOT #:**

**GVWR:**

**GCWR:**

**Placard #:**

**Name:**

**Hazards Released?**

**Yes** [ ] No [ ] Unknown

**Accident Involved Vehicle - Purpose:**

- [ ] Commercial Interstate
- [ ] Commercial Intrastate
- [ ] Government
- [ ] Personal

**Make:**

**Model:**

**License Plate #:**

**State:**

**Year:**

**Damage Amount Veh and Contents $**

**Estimate of Damage Veh and Contents $**

**Official Estimate:**

**Occupant Statement:**

**Driver Statement:**

**Witness Statement:**

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**State:**

**Year:**

**Trailer License Plate #:**

**Attached to Trailer Unit:**

**State:**

**Year:**

**UNIT 2**

**Full Name (Last, First, Middle):**

**Address:**

**City:**

**State:**

**Zip:**

**Date of Birth:**

**Phone No:**

**Driver’s License Number:**

**Citation Charge?** [ ] Yes [ ] No [ ] Pending [ ] Unknown

**1.**

**2.**

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**State:**

**Year:**

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**Year:**

**You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1.**

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**State:**

**Year:**

**Trailer License Plate #:**

**Attached to Trailer Unit:**

**State:**

**Year:**

Form DPS-AR1 12/11/03 Mail to : Office of Accident Records, 118 W. Capitol Ave, Pierre, SD 57501
### Seating Position

<table>
<thead>
<tr>
<th>Operator</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Front row other</td>
<td>21</td>
<td>On vehicle exterior (non-trailing unit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Second row other</td>
<td>22</td>
<td>Unenclosed cargo area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Third row other</td>
<td>23</td>
<td>Enclosed cargo area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Fourth row other</td>
<td>24</td>
<td>Sleeper section of cab (truck)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Motorcycle passenger</td>
<td>25</td>
<td>Seating Position &quot;1&quot; NOT Operator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Pedalcycle passenger</td>
<td>96</td>
<td>Not applicable (Pedestrian)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>19</td>
<td>Bus passenger</td>
<td>97</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Trailing unit</td>
<td>99</td>
<td>Unknown</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Unit No. | Unit Type | Sex | Seating Position | Injury Status | Ejection | Source of Transport | Air Bag Deployed | Safety Equipment |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
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<th></th>
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<th></th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Personnel Injured

1. Name:  
Address:  
Date of Birth:  

2. Name:  
Address:  
Date of Birth:  

3. Name:  
Address:  
Date of Birth:  

4. Name:  
Address:  
Date of Birth:  

### Accident Diagram

Indicate North

### Accident Narrative: Describe What Happened

### Witness Information

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Phone No</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

### Officer Information

<table>
<thead>
<tr>
<th>Officer Filing Report &amp; ID No.</th>
<th>Date Notified</th>
<th>Time Notified</th>
<th>Date Arrived</th>
<th>Time Arrived</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Agency Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highway Patrol</td>
<td>Sheriff Department</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Officer Approving Report</th>
<th>Date Approved</th>
<th>Agency Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigation made at scene?</th>
<th>Photos Taken?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Red Tag Number

<table>
<thead>
<tr>
<th>Red Tag #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Red Tag #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit 2</td>
</tr>
</tbody>
</table>

Sample