

The following pages in the South Dakota's Motor Vehicle Traffic Accident Reporting Instruction Manual are an example of a blank TraCS crash form printed to paper along with a blank South Dakota Traffic Accident report form.

The colored print on the TraCS form and the bold black print on the SD Traffic accident form refers to the page numbers in the South Dakota's Motor Vehicle Traffic Accident Reporting Instruction Manual to assist in the completion of the form.

Form DPS - AR1

TraCS ID:	TraCS Sequence:	1302252503
Agency Use		

<input type="checkbox"/> Is this only a Wild Animal Hit Report?	Agency Name	27	Date of Accident	6	Time of Accident hrs.	6	
Reporting Officer Last Name	26	Reporting Officer First Name	26	Reporting Officer Middle Name	26	Reporting Officer #	26

LOCATION	Location Description												
	County	6	County Name	6	City or Rural	7							
	On Road, Street, or Highway	7		Roadway Surface Condition	45								
	At Intersection with:	7		Roadway Surface Type	54								
	Distance	7	Units	7	Direction	7	of MRM (milepost)	7					
	Distance	U	7	Units	7	Direction	7	and Distance	7	Units	7	Direction	7
JUNCTION	Junction or Intersecting Street	7		Name of Junction, Road, Street, or Highway	7								
	Roadway Align/Grade	53											
	Relation to Junction	45											

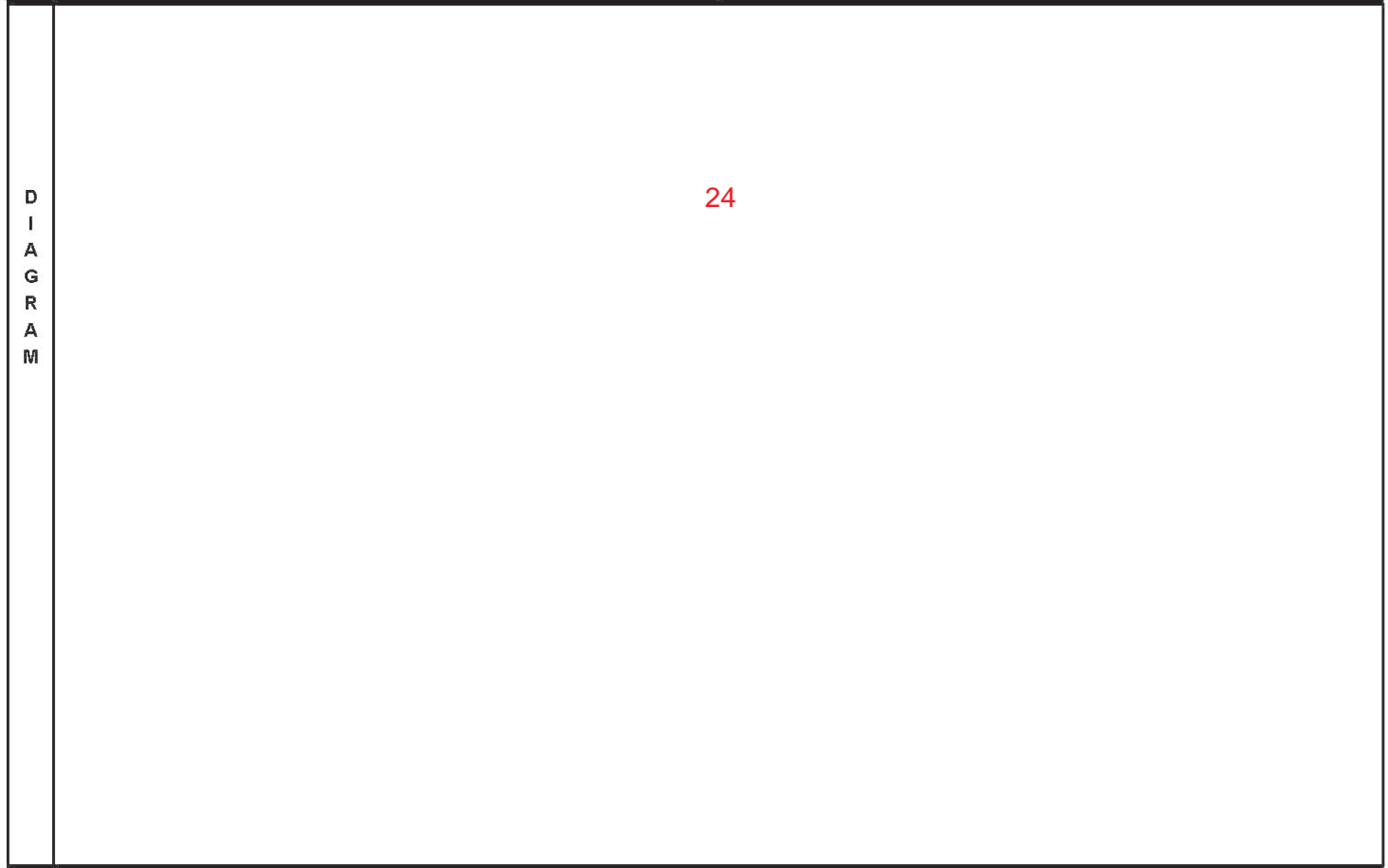
UNIT	Unit Type	22				Hit and Run	11				
	Driver's Name - Last	8	First	8	Middle	8					
	Address	8		Address (Line 2)	8						
	City	8		State	8	Zip	8				
	Phone	8	DL State	8	DL Class	8					
	DL Number	8		Non - Motorist Location	53						
	DL Status	8		Non - Motorist Action	52						
	Driver Contributing Circumstances (Up to Two)	36		Non - Motorist Contributing Circumstances (Up to Two)	52						
	Vision Contributing Circumstance	41		Drug Use	33	Drug Test	34				
	Injury Status	22		Alcohol Use	32	Alcohol Test	33				
	Ejection	23									
	Safety Equipment	24		Citation Charge?	8						
	Seating Position	21		Citation #1	8						
	Air Bag Deployed	23		Citation #2	8						
	Transported To	20		Citation #3	8						
	Source of Transport	23		Citation #4	8						
	EMS Trip #	20		Is Driver the Owner							
	Owner's Name - Last	9	First	9	Middle	9					
	Address	9		Address (Line 2)	9						
	City	9		State	9	Zip	9				
Year	9	Make	9	Model	10	Red Tag#	27				
License Plate #	10	State	10	Year	10	Estimated Travel Speed	10				
Speed Limit	10	Total Occupants	10	Damage Extent	11		Vehicle Towed?	11			
Damage Amount (Vehicle and Contents)	10		Insurance Co. Name	9							
Insurance Policy #	9		Effective Date	9		Expiration Date	9				
Emergency Vehicle Use?	11		Vehicle Configuration	28							
Trailer Type	29		Cargo Body Type	30							
Direction of Travel Before Crash	36		Trailer LP # Attached to Power Unit	12	State	12	Year	12			
Initial Point of Impact	31	Most Damaged Area	31		Trailer 2 License Plate #	12	State	12	Year	12	
Underride/Override	32		Trailer 3 License Plate #	12	State	12	Year	12			
Traffic Control Device Type	39		Vehicle Contributing Circumstance	41							
Vehicle Maneuver	38		Road Contributing Circumstance	41							
First Event	16		Second Event	16							
Third Event	16		Fourth Event	16							
Most Harmful Event for this Vehicle	17										
<input type="checkbox"/> Does the accident involve one or more of the following: - a truck having a GCWR of 10,001 or more pounds; OR - a vehicle displaying a hazardous material placard; OR - a vehicle designed to transport 9 or more people, including driver	12		<input type="checkbox"/> Did the accident result in one or more of the following: - a fatality; OR - an injury requiring transportation for immediate medical attention; OR - a vehicle was disabled requiring a towaway from the scene	12							
Accident Involved Vehicle - Purpose	12		Carrier Name	13							
Street Address	13		Street Address (Line 2)	13							
City	13	State	13	Zip	13	US DOT #	13	GCWR	13	GCWR	13
Hazardous Material Released?	13	Hazardous Material Content Code	Hazardous Material Class Code		Hazardous Materials Description						

Work Zone Related?	14	First Harmful Event?	17	
Workers Present?	14	Location of First Harmful Event	44	
Work Zone	34 - 35		Trafficway Description	54
Work Zone Location	34 - 35			

Manner of Collision	43	Light Condition	51
School Bus Related?	14	Weather Conditions (up to two)	51

D A M J A G E T D	Damaged Object (property other than Vehicles)	15	Estimate of Damage		15	
	Owner's Full Name - Last	15	First Name	15	Middle Name	15
	Address	15	Address (Line 2)			15
	City	15	State	15	Zip Code	15

I N J U R Y R E C O R D	Unit #	20	Last Name	20	First Name	20	Middle Name	20		
	Address	20	Address (Line 2)			20				
	City	20	State	20	Zip	20	Date of Birth	20	Sex	22
	Injury Status	22	Ejection		23					
	Seating Position	21	Safety Equipment			24				
	Air Bag Deployed	23	Source of Transport			23				
	Transported to	20	EMS Trip #			20				



NARRATIVE									
26									

W I T N E S S	Last Name	26	First Name	26	Middle Name	26	
	Address	26					
	Address (Line 2)	26					
	City	26	State	26	Zip	26	Phone #

Date Notified	27	Time Notified	27	Hrs.	Date Arrived	27	Time Arrived	27	Hrs.
Agency Type	27	Investigation Made at Scene?		27	Photos Taken?	27	Date Approved	27	
Approval Officer Last Name	27	First Name	27	Middle Name	27				

# STATE OF SOUTH DAKOTA INVESTIGATOR'S MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

Agency Use  
**INSTRUCTION MANUAL INDEX SHEET**

1	Please Type or Print	Submission: <input type="checkbox"/> Original <input type="checkbox"/> Amended	Sheet _____ of _____
28	Date of Accident (MM/DD/YY) <b>6</b> Time of Accident (HHMM) <b>6</b> County <b>6</b> City Accident Occurred in or Indicate Rural <b>7</b>		
29	Road, Street or Highway Accident Occurred <b>7</b> At its Intersection With <b>7</b>		
30	<input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Of MRM (Milepost) <b>7</b> NOTE: Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street. (1 <sup>st</sup> ) <input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Junction <b>7</b> (2 <sup>nd</sup> ) <input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Of <input type="checkbox"/> Intersecting Street <b>7</b>		
31	Full Name (Last, First, Middle) <b>8</b> Address <b>8</b> City <b>8</b> State <b>8</b> Zip <b>8</b>		
32	Date of Birth <b>8</b> Phone No <b>8</b> Driver's License Number <b>8</b> Citation Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown <b>8</b>		
33	DL State <b>8</b> DL Class <b>8</b> DL Status: <input type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required <input type="checkbox"/> Violation: <input type="checkbox"/> Beyond restrictions <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown <b>8</b>		
34	Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver <b>9</b> Address <b>9</b> City <b>9</b> State <b>9</b> Zip <b>9</b>		
35	VIN # <b>9</b> Insurance Co Name <b>9</b> Insurance Policy # <b>9</b> Eff Date <b>9</b> Exp Date <b>9</b>		
36	Model Yr <b>9</b> Make <b>9</b> Model <b>10</b> License Plate # <b>10</b> State <b>10</b> Year <b>10</b> Damage Amount Veh and Contents \$ <b>10</b>		
37	Total Occupants <b>10</b> Speed Limit <b>10</b> Est Travel Speed <b>10</b> Speed - How Estimated: <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement <b>10</b>		
38	Hit and Run? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>11</b> Damage Extent: <input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown <input type="checkbox"/> Minor Damage <input type="checkbox"/> Disabling Damage <b>11</b> Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>11</b> Emergency Vehicle Use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>11</b>		
39	Trailer License Plate # Attached to Power Unit: <b>12</b> State <b>12</b> Year <b>12</b> Trailer License Plate # Attached to Trailer Unit: <b>12</b> State <b>12</b> Year <b>12</b>		
40	You must complete boxed area <b>12</b> IF the accident involved one or more of the following: <ul style="list-style-type: none"> <li>• a truck having a GCWR of 10,001 or more pounds; OR</li> <li>• a vehicle displaying a hazardous material placard; OR</li> <li>• a vehicle designed to transport 9 or more people, including driver.</li> </ul> AND, the accident resulted in one or more of the following: <ul style="list-style-type: none"> <li>• a fatality; OR</li> <li>• an injury requiring transportation for immediate medical attention; OR</li> <li>• a vehicle was disabled requiring a tow away from the scene.</li> </ul>		
41	Accident involved vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal <b>12</b>		
42	Carrier Name <b>13</b> Address <b>13</b> City <b>13</b> State <b>13</b> Zip <b>13</b>		
43	US DOT # <b>13</b> GVWR <b>13</b> GCWR <b>13</b> Placard # or Name <b>13</b> Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>13</b>		
44	Full Name (Last, First, Middle) <b>14</b> Address <b>14</b> City <b>14</b> State <b>14</b> Zip <b>14</b>		
45	Date of Birth <b>14</b> Phone No <b>14</b> Driver's License Number <b>14</b> Citation Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown <b>14</b>		
46	DL State <b>14</b> DL Class <b>14</b> DL Status: <input type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required <input type="checkbox"/> Violation: <input type="checkbox"/> Beyond restriction <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown <b>14</b>		
47	Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver <b>15</b> Address <b>15</b> City <b>15</b> State <b>15</b> Zip <b>15</b>		
48	VIN # <b>15</b> Insurance Co Name <b>15</b> Insurance Policy # <b>15</b> Eff Date <b>15</b> Exp Date <b>15</b>		
49	Model Yr <b>15</b> Make <b>15</b> Model <b>15</b> License Plate # <b>15</b> State <b>15</b> Year <b>15</b> Damage Amount Veh and Contents \$ <b>15</b>		
50	Total Occupants <b>15</b> Speed Limit <b>15</b> Est Travel Speed <b>15</b> Speed - How Estimated: <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement <b>15</b>		
51	Hit and Run? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>15</b> Damage Extent: <input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown <input type="checkbox"/> Minor Damage <input type="checkbox"/> Disabling Damage <b>15</b> Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>15</b> Emergency Vehicle Use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>15</b>		
52	Trailer License Plate # Attached to Power Unit: <b>15</b> State <b>15</b> Year <b>15</b> Trailer License Plate # Attached to Trailer Unit: <b>15</b> State <b>15</b> Year <b>15</b>		
53	You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1		
54	Accident involved vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal <b>15</b>		
55	Carrier Name <b>15</b> Address <b>15</b> City <b>15</b> State <b>15</b> Zip <b>15</b>		
56	US DOT # <b>15</b> GVWR <b>15</b> GCWR <b>15</b> Placard # or Name <b>15</b> Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>15</b>		
57	Work Zone Related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>14</b> Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>14</b> School Bus <input type="checkbox"/> No <input type="checkbox"/> Indirectly Involved <input type="checkbox"/> Directly Involved <input type="checkbox"/> Unknown <b>14</b>		
58	Object(s) Damaged (Property other than vehicles and contents) <b>15</b>		
59	Owner's Name (Last, First, Middle) <b>15</b> Estimate of Damage \$ <b>15</b>		
60	Address <b>15</b> City <b>15</b> State <b>15</b> Zip <b>15</b>		
61		17	17

13 1  
36 2  
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41 2

Accident Number - Office Use Only

**Seating Position**

Operator		
1	2	3
4	5	6
7	8	9
10	11	12

- 13 - Front row other
- 14 - Second row other
- 15 - Third row other
- 16 - Fourth row other
- 17 - Motorcycle passenger
- 18 - Pedalcycle passenger
- 19 - Bus passenger
- 20 - Trailing unit

- 21 - On vehicle exterior (non-trailing unit)
- 22 - Unenclosed cargo area
- 23 - Enclosed cargo area
- 24 - Sleeper section of cab (truck)
- 25 - Seating Position "1" NOT Operator
- 96 - Not applicable (Pedestrian)
- 97 - Other
- 99 - Unknown

Unit No.	20
Unit Type	22
Sex	22
Seating Position	21
Injury Status	22
Ejection	23
Source of Transport	23
Air Bag Deployed	23
Safety Equipment	24

UNIT 1	Transported to: 20	EMS Trip # 20
UNIT 2	Transported to:	EMS Trip #

A  
43

Manner of Collision

PERSONS INJURED

1. Name:	20	Date of Birth:	20	Transported to:	20	EMS Trip #
Address:		2. Name:		Date of Birth:		EMS Trip #
2. Name:		Address:		Transported to:		EMS Trip #
3. Name:		Date of Birth:		Transported to:		EMS Trip #
Address:		4. Name:		Date of Birth:		EMS Trip #
4. Name:		Address:		Transported to:		EMS Trip #

Non-Motorist Action

Non-Motorist Contrib. Circumstance

B  
44

Location of First Harmful Event

ACCIDENT DIAGRAM
Indicate North
24

C  
45

Roadway Surface Condition

DIAGRAM

Non-Motorist Location

D  
45

Relation to Junction

Roadway Alignment/Grade

E  
51

Light Condition

Roadway Surface Type

F  
51

Weather Conditions

ACCIDENT NARRATIVE: Describe What Happened
26

Trafficway Description

Witness (Last, First, Middle)	26	Phone No	26	Address	26	City	State	Zip	
Officer Filing Report & ID No.	26	Date Notified	27	Time Notified	27	Date Arrived	27	Time Arrived	27
Agency Name	27	Agency Type	<input type="checkbox"/> Highway Patrol <input type="checkbox"/> Sheriff Department <input type="checkbox"/> City Police <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other						
Officer Approving Report	27	Date Approved	27	Red Tag #:	27	Agency Use	27		
Investigation made at scene?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photos Taken?	27	Unit 1	27	Unit 2			