**EMERGENCY VEHICLE INVOLVEMENT**

Wisconsin Department of Transportation

MV3347 10/2021

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| Wisconsin Department of Transportation  Division of State Patrol – Crash Records Unit  4822 Madison Yards Way – 9th Floor South  Madison, WI 53705-9100  Telephone: 608-266-8753  Email: [DSPTrafficCrashes@dot.wi.gov](mailto:DSPTrafficCrashes@dot.wi.gov?subject=MV3347) |

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| **CRASH** | | | | | |
| Crash Date (m/d/yy) | Crash Location | County | City | | |
| **EMERGENCY DRIVER** | | | | | |
| Full Name of Driver of Emergency Vehicle | | Street Address | | | |
| Driver License Number | | City | | State | ZIP Code |
| **VEHICLE NUMBER 2** | | | | | |
| Full Name of Driver | | Street Address | | | |
| Driver License Number | | City | | State | ZIP Code |
| **VEHICLE NUMBER 3** | | | | | |
| Full Name of Driver | | Street Address | | | |
| Driver License Number | | City | | State | ZIP Code |

**I request that this occurrence not be listed on the above driver’s record because:**

The driver of the emergency vehicle intentionally collided with the other vehicle.

The driver of the other vehicle intentionally collided with the emergency vehicle.

**Describe occurrence below or attach explanation:**

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(Department Head or Designee – Electronically Signed)

(Department Name) (Date - m/d/yy)