

Crash Records

445 Minnesota St. Ste. 161
 St. Paul, MN 55101-5161
 Phone: (651) 215-1335
 TTY: (651) 282-6555
 FAX: (651) 282-5512
 Web: mndriveinfo.org

DPS CRASH FILE # _____



CRASH RECORDS REQUEST
 (For crashes occurring in Minnesota only)

INSTRUCTIONS:

Complete the crash information section and submit request form to the above address to obtain a copy of police report. Enclose \$5.00 fee. The fee covers the search and is retained whether or not a crash report is on file in this office. Make checks payable to "Driver and Vehicle Services". Please do not submit requests until twenty working days after the crash date.

Information may be disclosed to requester, their legal counsel, or a representative of the insurer; only upon signed authorization of authorized requester.

Authorized Requester is a person involved with the crash and (driver, passenger, owner of damaged property, owner of vehicle, pedestrian) recorded on the police report; next of kin, surviving spouse or legal representative of the estate.

Disclosing information from crash reports, except by the Highway Traffic Regulation Act, is a misdemeanor.

Request will not be processed without a valid signed authorization.

CRASH INFORMATION: (Please Print)

OF DRIVERS INVOLVED _____

	Driver(s) Name(s) (first, middle, last)	Date of Birth	Driver License #	License plate number *
1.				
2.				
3.				

* Without the license plate number of the vehicle(s) involved, the report that is being requested may not be located

Location of Crash (Street or Highway)	City / County	Date of Crash

Were any of the vehicles parked? Yes No

Were there any fatalities? Yes No

Requester hereby authorizes the Department of Public Safety to disclose accident information in accordance with Minnesota Statute, 169.09 subd.13.

Check the appropriate box:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Owner of Damaged Property |
| <input type="checkbox"/> Passenger | <input type="checkbox"/> Owner of Vehicle |
| <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Next of Kin: Surviving spouse,
Legal representative of the estate
Trustee pursuant to M.S. 573.02 |

Signature of authorized requester

Printed Name _____

Account # _____

Customers having pre-paid status

Mail to: _____

To expedite service enclose a self addressed stamped envelope for the return of your request.

For office use only:

Comments: Search made-No File Located

Search made-No police report available