Every driver in a crash involving $1,000 or more in property damage, or injury or death, MUST COMPLETE this form and send it to Driver and Vehicle Services within 10 days.

Failure to provide this information is a misdemeanor under Minnesota Statute 169.09, subdivision 7. See reverse side for address and for data privacy information.

MINNESOTA MOTOR VEHICLE ACCIDENT REPORT

The information on this report is used to help build safer roads.

E-form available at www.mndriveinfo.org

Policy Period: from ________ to ________

Your Signature

STATE OF ISSUE

NAME OF INSURANCE COMPANY (NOT AGENCY)

Policy Number

Name of Policy Holder

Address

DID THE CRASH OCCUR IN A WORK ZONE?

WERE WORKERS PRESENT?

LOCATION OF ACCIDENT:

PARTS OF VEHICLE DAMAGED

TOTAL # OF VEHICLES INVOLVED

END OF PAGE
As required by Minnesota Data Privacy Act you are hereby informed that the information requested on this form is collected pursuant to statute to provide statistical data on traffic accidents. The time and place of the accident, names of parties involved and insurance information may be disclosed to any person involved in the accident or to others persons as specified by law. This written report cannot be used against you as evidence in any civil or criminal matter and your version of how the accident happened is confidential.

### MY VEHICLE: DRIVER AND PASSENGERS INFORMATION:

<table>
<thead>
<tr>
<th>SEAT</th>
<th>OCCUPANT SEAT POSITION CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DRIVER (INCLUDE MOTORCYCLE DRIVER)</td>
</tr>
<tr>
<td>2</td>
<td>FRONT CENTER</td>
</tr>
<tr>
<td>3</td>
<td>FRONT RIGHT</td>
</tr>
<tr>
<td>4</td>
<td>SECOND ROW SEAT LEFT</td>
</tr>
<tr>
<td>5</td>
<td>SECOND ROW SEAT CENTER</td>
</tr>
<tr>
<td>6</td>
<td>SECOND ROW SEAT RIGHT</td>
</tr>
<tr>
<td>7</td>
<td>THIRD ROW SEAT LEFT</td>
</tr>
<tr>
<td>8</td>
<td>THIRD ROW SEAT CENTER</td>
</tr>
<tr>
<td>9</td>
<td>THIRD ROW SEAT RIGHT</td>
</tr>
<tr>
<td>10</td>
<td>OUTSIDE OF VEHICLE</td>
</tr>
<tr>
<td>11</td>
<td>TRAILING UNIT</td>
</tr>
<tr>
<td>12</td>
<td>PICKUP TRUCK BED</td>
</tr>
<tr>
<td>13</td>
<td>TRUCK CAB SLEEPER SECTION</td>
</tr>
<tr>
<td>14</td>
<td>PASSENGER IN OTHER POSITION (INCLUDE MOTORCYCLE PASSENGER)</td>
</tr>
<tr>
<td>15</td>
<td>PASSENGER IN UNKNOWN POSITION</td>
</tr>
<tr>
<td>16</td>
<td>FRONT LEFT (NON-DRIVER)</td>
</tr>
</tbody>
</table>

### USE RESTRAINT DEVICE USED CODES

1. BELTS NOT USED  
2. LAP BELT ONLY USED  
3. SHOULDER BELT ONLY USED  
4. LAP AND SHOULDER BELT USED  
5. CHILD SEAT NOT USED  
6. CHILD SEAT USED IMPROPERLY  
7. CHILD SEAT USED PROPERLY  
8. BOOSTER SEAT NOT USED  
9. BOOSTER SEAT USED IMPROPERLY  
10. BOOSTER SEAT USED PROPERLY  
11. HELMET NOT USED  
12. HELMET USED

### AIR BAG SAFETY EQUIPMENT USED CODES

1. DEPLOYED-FRONT  
2. DEPLOYED-SIDE  
3. DEPLOYED-FRONT AND SIDE  
4. NOT DEPLOYED-SWITCH ON  
5. NOT DEPLOYED-SWITCH OFF  
6. NOT DEPLOYED-UNKNOWN IF SWITCH ON OR OFF  
7. OTHER DEPLOYMENTS  
8. NOT APPLICABLE (MOTORCYCLE, SNOWMOBILE, ETC.)

### EJECT EJECTION CODES

1. TRAPPED, EXTRICATED (BY MECHANICAL MEANS)  
2. TRAPPED, FREED BY NON-MECHANICAL MEANS  
3. PARTIALLY EJECTED  
4. EJECTED  
5. NOT EJECTED OR TRAPPED

### INJURY INJURY CODES

K: KILLED  
A: INCAPACITATING INJURY  
B: NON-INCAPACITATING INJURY  
C: POSSIBLE INJURY  
N: NO APPARENT INJURY

### AIR BAG SAFETY EQUIPMENT USED CODES

1. NO SAFETY EQUIP IN PLACE  
2. LAP BELT  
3. SHOULDER BELT  
4. LAP & SHOULDER BELT  
5. CHILD SAFETY SEAT  
6. CHILD BOOSTER SEAT  
95: NOT APPLICABLE (MOTORCYCLE, SNOWMOBILE, ETC.)

### SAFETY EQUIPMENT TYPE CODES

1. NO SAFETY EQUIP IN PLACE  
2. LAP BELT  
3. SHOULDER BELT  
4. LAP & SHOULDER BELT  
5. CHILD SAFETY SEAT  
6. CHILD BOOSTER SEAT  
95: NOT APPLICABLE (MOTORCYCLE, SNOWMOBILE, ETC.)

### DAMAGE TO PROPERTY OTHER THAN VEHICLES: [MAILBOX, FENCE, SIGNPOST, GUARDRAIL, ETC.]

### SIGN HERE X

SIGNATURE OF PERSON SUBMITTING REPORT IS REQUIRED

ADDRESS  
DATE OF REPORT

MAIL THIS REPORT TO:  
DVS / ACCIDENT RECORDS  
445 MINNESOTA STREET, SUITE 181  
ST. PAUL, MN 55101-5181

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**DESCRIBE ACCIDENT IN SUFFICIENT DETAIL BELOW TO DISCLOSE CAUSES.**

**DESCRIBE WHAT HAPPENED:**

**DIAGRAM WHAT HAPPENED:**

**INDICATE NORTH BY ARROW**