



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

MINNESOTA CRASH RECORD REQUEST

Reports can be obtained in person or by mail at Driver and Vehicle Services, 445 Minnesota Street, St. Paul, MN 55101-5161. For questions, call (651) 296-2940. Please complete the form with all required areas or it will be returned.

- A \$5 fee is charged for each report copy.
Checks/money orders should be made payable to: Driver and Vehicle Services
Requests will not be processed without a signature from an authorized requestor.

If mailing in: Requester must include a legible copy of driver license, government issued identification card, or notarized signature.

Crash Information (PRINT OR TYPE):

Law Enforcement Case #

Table with 4 columns: Person(s) Involved (first, middle, last name), Date of Birth, Driver License Number, License Plate Number *. Rows 1, 2, 3.

* Without listing license plate numbers, the requested report may not be located.

Location of Crash (Street or Highway), County, Date of Crash (mm/dd/yy)

Check one box for authorized requestor:

- Driver, Passenger, Pedestrian, Next of Kin, Owner of Damaged Property, Owner of Vehicle, Insurance Representative, Legal Representative

Client Name: _____

Client Name: _____

Printed Name of Authorized Requestor

Company Name

Escrow Account Number (ID is not required with an escrow account)

Escrow account holders may fax requests to: (651) 797-1244 or e-mail to: dvs.records@state.mn.us

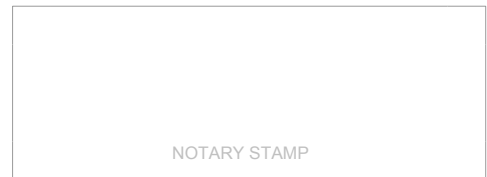
Please note: In the case of a fatality, the next of kin, or legal representative must provide proof of death, such as a death certificate, obituary, or memorial card.

Certification: I (we) certify that the information and statements on this request are true and correct, and comply with the provisions of Minn. Stat. § 169.09. I (we) understand that disclosing any information contained in any crash report, except as provided in Minn. Stat. §§ 169.09, Subd. 13, 13.82, Subd. 3 or 6, or other statutes is a misdemeanor.

Mail Report Back to: _____

X Signature of Authorized Requester

SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF , 20 NOTARY PUBLIC COUNTY MY COMMISSION EXPIRES



For office use only:

Comments: No File(s) Located Search made - No police report available