



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES

**Violation Crash Report**

**Date:** \_\_\_\_\_

The Driver Education Rules state that both the program and the instructor shall notify the commissioner if the instructor is convicted of a traffic violation or is involved in a motor vehicle crash.

In compliance with the rules, please have your instructor complete this form and return it to the Driver Education Office, 445 Minnesota Street, Suite 176, St. Paul, MN 55101-5176, within the next ten days. This form must be signed by both the authorized school official and the instructor.

**Name of Instructor** \_\_\_\_\_ **Driver** \_\_\_\_\_

**Name of Student** \_\_\_\_\_ **Driver** \_\_\_\_\_

**Instruction Permit Number** \_\_\_\_\_

**Date of Incident** \_\_\_\_\_ **Time of Incident** \_\_\_\_\_

**Place of Incident** \_\_\_\_\_

**Crash:**  Yes  No **License Plate Number:** \_\_\_\_\_

**Insurance Company Name** \_\_\_\_\_

**Violation:**  Yes  No **Citation:**  Yes  No

**Type of Violation** \_\_\_\_\_

**Explanation of Incident:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
**Instructor's Signature** \_\_\_\_\_ **Date** (mm/dd/yy) \_\_\_\_\_

X \_\_\_\_\_  
**School Official's Signature** \_\_\_\_\_ **Date** (mm/dd/yy) \_\_\_\_\_

This form does not relieve the driver of any responsibility of filing a State of Minnesota Motor Vehicle Accident Report in compliance with the Highway Traffic Regulations Act, Chapter 169.09, Subd. 7.