**MINNESOTA MOTOR VEHICLE CRASH REPORT**

**Please use BLACK ink and CAPITAL LETTERS**

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

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**A TIME PLACE BY VEHICLE INVOLVED**

**NAME OF CITY OR TOWNSHIP**

**DATE OF CRASH**

**MONTH**  **DAY**  **YEAR**

**DAY OF WEEK**

**TIME**

**TOTAL # OF VEHICLES INVOLVED**

**DISTANCE**

**DIRECTION**

**LOCATION OF CRASH**

**DESCRIPTION OF LOCATION**

**LOCATION OF CRASH**

**DISTANCE**

**DIRECTION**

**DESCRIPTION OF LOCATION**

**DATE OF CRASH**

**MONTH**  **DAY**  **YEAR**

**LOCATION OF CRASH**

**DESCRIPTION OF LOCATION**

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**B DRIVER'S TRAFFIC CRASH REPORT**

**dvw.dps.mn.gov**

**DRIVER'S FULL NAME**

**ADDRESS**

**STATE**

**ZIP CODE**

**LICENSE PLATE NUMBER**

**YEAR**

**STATE OF ISSUE**

**PARTS OF VEHICLE DAMAGED**

**ESTIMATE REPAIR COST**

**GIVE FULL LIABILITY INSURANCE INFORMATION OR IT WILL BE ASSUMED YOU DID NOT HAVE INSURANCE**

**PLEASE NAME OF INSURANCE COMPANY (NOT AGENT)**

**COPY FROM**

**Automobile Insurance Policy Number**

**Policy Period:**

**Name of Policy Holder**

**Address**

---

**C DRIVER'S TRAFFIC CRASH REPORT**

**LICENSE PLATE NUMBER**

**YEAR**

**STATE OF ISSUE**

**PARTS OF VEHICLE DAMAGED**

**ESTIMATE REPAIR COST**

**ENTER NUMBER FOR CORRECT RESPONSE IN EACH BOX BELOW**

**CODE* SEE CODES ON REVERSE SIDE**

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**D ACTIONS MANEUVERS PRIOR TO CRASH**

**CHAR NUMBER**

**DESCRIPTION**

**DESCRIPTION**

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**E \**

**ENTER REPORT ON OTHER SIDE**

**IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE POLICE)**

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**F \**

**CONTINUE REPORT ON OTHER SIDE**

**IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE POLICE)**

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**G \**

**CONTINUE REPORT ON OTHER SIDE**

**IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE POLICE)**

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**H \**

**CONTINUE REPORT ON OTHER SIDE**

**IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE POLICE)**

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**I \**

**CONTINUE REPORT ON OTHER SIDE**

**IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE POLICE)**

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**J \**

**CONTINUE REPORT ON OTHER SIDE**

**IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE POLICE)**

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**K \**

**CONTINUE REPORT ON OTHER SIDE**

**IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE POLICE)**

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**L \**

**CONTINUE REPORT ON OTHER SIDE**

**IF YES, WHAT DEPARTMENT (NAME OF CITY, COUNTY OR STATE POLICE)**
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 crashes. The time and place of the crash, names of parties involved and insurance information may be disclosed to any person involved in the crash 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 crash happened is confidential.

**Mail This Report To:**
DVS / CRASH RECORDS
445 MINNESOTA STREET, SUITE 181
ST. PAUL, MN 55101-5181

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**DATE OF BIRTH (OR AGE):**

**SEX:**

**SEAT TYPE:**

**USE:**

**NAME OF PROPERTY DAMAGED:**

**SIGNATURE OF PERSON SUBMITTING REPORT IS REQUIRED:**

**ADDRESS:**

**DATE OF REPORT:**

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### My Vehicle: Driver and Passengers Information:

<table>
<thead>
<tr>
<th>Driver Name</th>
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### Describe Accident in Sufficient Detail Below to Disclose Causes.

**Describe What Happened:**

**Diagram What Happened:**

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### Damage to Property Other Than Vehicles: (Mailbox, Fence, Signpost, Guardrail, Ect.)

**Name of Property Damaged:**

**Estimate Cost of Repair:**

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**Signature of Person Submitting Report is Required:**

**Address:**

**Date of Report:**