



Minnesota Department of Public Safety

Driver and Vehicle Services

Visit us: drive.mn.gov

651-296-2940 or 651-282-6555 TTY

Minnesota Crash Record Request

\$5.00 fee is due for each requested copy.

Requests will not be processed without a signature from an authorized requester.

Reports can be obtained in person at DVS or from full-service providers.

To find an office location, visit drive.mn.gov.

Identification required in office: Requester must present driver's license, government-issued identification card or notarized signature.

Reports can be obtained by mail at:

Driver and Vehicle Services
445 Minnesota Street, Suite 161
Saint Paul, MN 55101-5161

Checks/money orders should be made payable to DVS.

Identification required by mail: Requester must include legible copy of driver's license, government-issued identification card or notarized signature.

Check one box for authorized requester:

Driver Passenger Pedestrian Next of kin Owner of damaged property Owner of vehicle Parent/guardian

Insurance representative - Client name _____ Legal representative - Client name _____

Please note: in the case of a fatality, the next of kin or legal rep. must provide proof of death: death certificate, obituary or memorial card.

Name of authorized requester _____ Company name _____

Data purchaser account # _____

Crash information Please complete all known fields. If insufficient crash information is provided, the request cannot be completed.

Law enforcement case #

Location of crash (street or highway) _____ County _____ Date of crash (mm/dd/yyyy) _____

Person 1 involved (last name, first, middle)

Driver's license # _____ DL state _____ Date of birth _____

VIN # _____ License plate _____

Person 2 involved (last name, first, middle)

Driver's license # _____ DL state _____ Date of birth _____

VIN # _____ License plate _____

Provide mailing address where you would like to receive the report:

Address _____ City _____ State _____ Zip Code _____

Tennessee Notice

What is the purpose of supplying the requested information?

The purpose of supplying this information to DVS is to allow DVS to process your request for a copy of a crash record pursuant to Minnesota Statutes, section 169.09 and to collect the information on this form for record keeping purposes as required by the Minnesota Government Data Practices Act, Minnesota Statutes, section 13.04, subdivision 2.

Am I required to provide the requested information?

No. You are not required to provide this information to DVS.

What will happen if I do not provide the requested information?

You can refuse; however, DVS cannot process your crash record request if you do not provide the requested information.

Who will have access to the information I provide?

DVS staff, full-service providers, and DVS contractors will have access to your submitted form and supporting documentation. Additionally, in handling this data DVS will follow Minnesota Statutes, Chapter 13, and is subject to disclosure of information as required by these laws.

Subscribed and sworn before me this ____ Day of _____, 20____
Notary public _____ County _____
Notary signature _____
My commission expires _____

Signature of authorized requester

Notary Stamp