

Notary signature___

My commission expires

Minnesota Department of Public Safety Driver and Vehicle Services

Visit us: <u>drive.mn.gov</u> 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	Reports can be obtained by mail at:	
providers. To find an office location, visit drive.mn.gov.	Driver and Vehicle Services 445 Minnesota Street, Suite 161	Checks/money orders should be made payable
To find all office location, visit anve.min.gov.	Saint Paul, MN 55101-5161	to DVS.
<u>Identification required in office:</u> Requester must present driver's license, government-issued identification card or notarized signature.	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 ve	ehicle C Parent/guardian
☐ Insurance representative - Client name	Client na	ame
Please note: in the case of a fatality, the next of kin or legal rep. must provide	— proof of death: death certificate, obituary or	r 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 req	uest cannot be completed.
_aw enforcement case #		
ocation of crash (street or highway)	County	Date of crash (mm/dd/yyyy)
Person 1 involved (last name, first, middle)	Person 2 involved (last name, first	st, middle)
Driver's license # DL state Date of birth	Driver's license #	DL state Date of birth
VIN # License plate	VIN#	License plate
Provide mailing address where you would you like to receive the repo	rt:	
Address	City	State Zip Code
Fennessen Notice		
What is the purpose of supplying the requested information?		
The purpose of supplying this information to DVS is to allow DVS to process yo	our request for a copy of a crash record pur	rsuant to Minnesota Statutes, section
69.09 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?		
ou can refuse; however, DVS cannot process your crash record request if you	u 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 documenta	ition. Additionally, in handling this data
DVS will follow Minnesota Statutes, Chapter 13, and is subject to disclosure of	information as required by these laws.	
	Cignature of authorized varieties	
Subscribed and sworn before me thisDay of, 20	Signature of authorized requester	
Notary public County		

Notary Stamp

PS2503-18 (11/2023)