## Traffic Accident Report

### General Information
- **State of Minnesota - Department of Public Safety**
- **Traffic Accident Report**

### Incident Details
- **Local Case No.:**
- **Date:**
- **Time:**

### Driver Information
- **Driver License Number:**
- **State:**
- **Class:**

### Vehicle Information
- **Number of Vehicles Involved:**
- **Make:**
- **Model:**
- **Year:**

### Property Damage
- **Owner of Other Damaged Property:**
- **Phone:**

### On-Site Conditions
- **Accident Type:**
- **Description:**

### Police Officer Information
- **Rank, Name, Badge #, and Agency:**
- **State Patrol:**
- **Local:**
- **Sheriff:**
- **Other:**

### Additional Information
- **Send Original Within 10 Days of Accident (MN Statute 169.09 Subd. 8) To:**
- **Department of Public Safety**
- **445 Minnesota St., Suite 181**
- **St. Paul, Minnesota 55101-5181**