



Office of
Brett V.P. Mason

Sheriff of Le Sueur County
Le Center, Minnesota 56057

CHIEF DEPUTY SHERIFF
Nick K. Greenig

INVESTIGATORS
Bruce Collins
Bob Vollmer
Jim Whiteis

PHONE 507-357-4440
Fax 507-357-4627

Le Sueur County Sheriff's Office
MOTOR VEHICLE ACCIDENT REPORT REQUEST

Requests will not be processed without a signature from an authorized requestor. An authorized requestor is a person involved in the crash (i.e. driver, passenger, owner of damaged property, pedestrian, owner of vehicle or insurance representative) who is recorded on the police report.

Please note: Crash information may only be disclosed to authorized requestors, their legal representatives or insurance representatives.

Crash Information (Please Print):

	Person(s) Involved: first, middle, last name)	Date of Birth	Driver's License #	License Plate #
1.				
2.				
3.				

Location of Crash	City	Date of Crash (mm/dd/yy)	Case #

Check the appropriate box

- | | | |
|----------------------------------------------------|-------------------------------------------------------------|---------------------|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Next of Kin: Surviving Spouse | _____ |
| <input type="checkbox"/> Passenger | <input type="checkbox"/> Legal Representative of the Estate | Name (Please Print) |
| <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Trustee pursuant to M.S. 573.02 | _____ |
| <input type="checkbox"/> Owner of Damaged Property | <input type="checkbox"/> Insurance Representative | Company Name |
| <input type="checkbox"/> Owner of Vehicle | | |

- How would you like to receive your request:**
- Phone: _____
- Mail to: _____
- Fax to: _____
- E-mail to: _____

For Office Use Only:
 Processed By: _____
 Date Sent: _____
 2nd Check: _____

Certification: I (we) certify that the information and statements on this request are true and correct, and comply with the provisions of Minn. Stat. 169.09. I (we) understand that disclosing any information contained in any crash report, except as provided in Minn. Stat. 169.09, Subd. 13, 13.82, Subd. 3 or 6, or other statutes is a misdemeanor.

X _____
Signature of Authorized Requester Date