

Vehicle Crash/Damage Notice



NOTE: If incident involves serious injury or fatality, please call 651-201-2594 as soon as possible.

Instructions:

1. Use this form for all owned, leased, or rented vehicle (on-road/off-road) crashes or vehicle damage incidents. You may use your own form if it includes all the requested data.
2. Complete as much information as possible and submit within 24 hours.
3. Submit by email to claims.rmd@state.mn.us (preferred) or by fax: 651-297-7715
4. To report general liability or property incidents/claims please see instructions at mn.gov/admin/risk

Section 1: Insured Entity

Agency/Campus: _____ Address: _____
 Contact person: _____ Email: _____ Phone: _____

Section 2: Insured Vehicle Information

License Plate: _____ Vehicle VIN: _____
 Make: _____ Model: _____ Year: _____ Asset/unit number: _____
 Driver first name: _____ Last name: _____
 Email: _____ Phone number: _____

Section 3: Incident Information

Type of incident: Windshield/glass only Crash Other Incident date: _____ Time: _____ am pm
 Location: (street/highway or location details): _____
 City: _____ State: _____

Section 4: Incident Details

Involves injuries to others? Yes No Involves property damage of others? Yes No
 Law enforcement at scene? Yes No If yes, which police department? _____
 Were citations issued? Yes No If yes, which driver? Insured driver Other driver
 Number of vehicles involved: _____ Number of passengers in vehicles: _____ (complete Section 9)

Describe incident in detail sufficient to determine causes:

Diagram what happened (you can use Adobe comment feature to draw):

Label insured vehicle and indicate north

Description of damage to insured vehicle (take photos and include with report if possible):

Were photos taken? Yes No Was the vehicle towed from the scene? Yes No

Section 5: Witnesses (if more than space provides, please use Additional Information section below)

Witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Witness name	Witness phone
Witness 1		
Witness 2		

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Section 6: Other Vehicle(s) (if more than one vehicle, please use Additional Information section below)

License plate: _____ State _____ Vehicle VIN: _____

Make: _____ Model: _____ Year: _____

Description of damage to other vehicle (take photos and include with report if possible):

Were photos taken? Yes No

Was the vehicle towed from the scene? Yes No

Section 7: Other Vehicle Owner

Owner first name: _____ Last name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone number: _____

Insurance company: _____ Policy number: _____

Section 8: Other Vehicle Driver

Driver first name: _____ Last name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone number: _____

License number: _____ Driver injuries reported or evident? Yes No If yes, describe injuries:

Section 9: Passengers (if more than space provides, please use Additional Information section below)

Passenger name	Phone	Which vehicle?	Injuries?
		<input type="checkbox"/> Insured <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Insured <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Insured <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Insured <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 10: Property Damage (non-vehicle)

Was there other property damaged (non-vehicle)? Yes No

Property owner first name: _____ Last name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone number: _____

Description of (non-vehicle) property damage:

Section 11: Additional Information

Section 12: Person Completing Form

Name: _____ Phone: _____

Date completed: _____ Email: _____

Date management notified of incident: _____

[CLICK TO SUBMIT FORM BY EMAIL](#)