

Chaska Police Department
Two City Hall Plaza
Chaska, MN 55318-1960

Accident Records Photo Copy Request
(For accident occurring in Chaska only)

Instructions:

Complete Accident Information section and submit request form in to above address to obtain a copy of police report.

Information may be disclosed to requester, his/her legal counsel or a representative of his/her insurer only upon signed authorization of qualified requester. Authorized requester is a person involved with the accident (driver, passenger, owner or damaged property, owner of vehicle, pedestrian) or next of kin/surviving spouse/legal representative of the estate. Disclosing information from accident reports, except as provided by Highway Traffic Regulation Act is a misdemeanor.

First Name	Middle Name	Last Name	Driver License No.	Date of Birth

Location of Accident (Street or Highway)
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City or County	No. of Drivers Involved	Accident Date
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Requester Involved as:

Driver

Owner of Damaged Property

Passenger

Owner of Vehicle

Pedestrian

Next of Kin-Surviving Spouse-Legal Representative of the estate-Trustee under M.S. 593.01

Signature of Person Involved (Requester)

X

Requester hereby authorized the Chaska Police Department to disclose accident information in accordance with Minnesota Statutes, Section 169.09, Subd. 13.

MAIL TO: _____

*AUTHORIZED REQUESTER does not include: legal counsel or attorney; those involved through litigation other than as driver, owner or passenger, or parent or guardian.