

Driver's Accident Report

Policyholder Information

Company Name: Northern Tier Energy
 Address: _____
 Phone: () _____
 Policy #: BAP 595 3925-00

Accident/Loss

Date and Time of Accident: 4/11/15 AM PM
Deans Ave S and 2nd St
 Street: Minneapolis State: MN Zip: _____
 Description of Accident: Going through intersection and I got T-Boned by the other car.

Conditions

Weather: Clear Cloudy Fog Rain
 Sleet Snow Other _____

Speed Limit: 30
 Length of Skid Marks: _____
 Your Vehicle: _____
 Other Vehicle: _____

Authority Contacted

Name: Johnson
 Badge #: 3335
 Report #: 15-127674
 Citation issued: Yes No
 If So, Against Whom: _____

Insured Vehicle

VIN: 1FVACXDT6CHBR3501 Year: 2012
 Address: 625 2nd St. St Paul Park MN 55071
 Make: Freightliner Model: _____
 Plate #: Y667 9115 State: MN
 Driver's Name: Kyle Mae
 Driver's Lic. #: D534027281012
 Address: 1895 Deer Hills Trail, Eagleville, MN
 Phone: (651) 216-7603
 Description of Injuries: N/A

Injured

Was anyone taken to a hospital by an ambulance? Yes No

Name	Address	Phone	Pedestrian	Ins'd Veh.	Other Veh.	Extent of Injuries

Witnesses, Including Passengers

Name	Address	Phone	Pedestrian	Ins'd Veh.	Other Veh.	Extent of Injuries

Property Damage/Other Vehicle

Description of Property: _____
 If Auto - Year, Make, Model, Plate #: 2003 Buick Century 569-APV
 Driver's Name: Cole Downing
 Driver's Lic. #: F116063565308
 Address: 2446 Colfax Ave S Minneapolis, MN
 Phone: () _____
 Owner's Name & Address if Different Than Driver: Jennifer Downing, 13281 Mendota Rd, Elk River, MN
 Description of Damage: _____
 Description of Injuries: _____