



MISSOURI DEPARTMENT OF  
**REVENUE**  
**Motor Vehicle Accident Case Status Request**

Do not complete this form to report a motor vehicle accident.  
Complete Form 1140, Motor Vehicle Accident Report located at [dor.mo.gov](http://dor.mo.gov).

|                      |                                              |
|----------------------|----------------------------------------------|
| Accident Case Number | Accident Date (MM/DD/YYYY)<br>____/____/____ |
|----------------------|----------------------------------------------|

| Parties Involved | Vehicle Driver                               |          | Vehicle Owner                                |                       |       |
|------------------|----------------------------------------------|----------|----------------------------------------------|-----------------------|-------|
|                  | Driver's Name (Last, First, Middle)          |          | Owner's Name (Last, First, Middle)           |                       |       |
|                  | Street Address                               |          | Street Address                               |                       |       |
|                  | City, State                                  | Zip Code | City, State                                  | Zip Code              |       |
|                  | Date of Birth (MM/DD/YYYY)<br>____/____/____ |          | Date of Birth (MM/DD/YYYY)<br>____/____/____ | Driver License Number |       |
|                  | Driver License Number                        | State    | Vehicle Make and Year                        | License Plate Number  | State |

| Involvement (If other than vehicle driver or owner) | <input type="checkbox"/> Passenger                                                     | Name (Last, First, Middle) | Sex                                          |
|-----------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
|                                                     | <input type="checkbox"/> Pedestrian                                                    | Street Address             | Zip Code                                     |
|                                                     | <input type="checkbox"/> Property Owner (Other Than Vehicle)<br>Type of Property _____ | City, State                |                                              |
|                                                     | <input type="checkbox"/> Other: _____                                                  | Driver License Number      | Date of Birth (MM/DD/YYYY)<br>____/____/____ |

| Requesting Party Information | <input type="checkbox"/> Insurance Agency<br>Policy or Claim Number _____ | E-mail Address | Attention                                |
|------------------------------|---------------------------------------------------------------------------|----------------|------------------------------------------|
|                              | <input type="checkbox"/> Attorney                                         | Name           |                                          |
|                              | <input type="checkbox"/> Other: _____                                     | Street Address | City, State                              |
|                              | _____                                                                     | Zip Code       | Telephone Number<br>(____) _____ - _____ |

You may submit this form by mail, fax or e-mail.

**Mail to:** Driver License Bureau  
P.O. Box 200  
Jefferson City, MO 65105-0200

**Phone:** (573) 751-7195  
**Fax:** (573) 526-7365  
**E-mail:** [dlbmail@dor.mo.gov](mailto:dlbmail@dor.mo.gov)

Form 5179 (Revised 06-2013)

