

Crash Release Form

Read & complete this form to request a copy of a crash report & photos (you must meet the following criteria).

Who may receive a copy of a crash report as per 61-7-114 MCA:

- a. Any person named on the report (including companies, businesses, etc.)
- b. Any driver, passenger or pedestrian involved in the crash, or any person whose property was damaged in the crash.
- c. A party to a civil action arising from the crash.
- d. If the person is deceased, his executor or administrator or the attorney representing his executive or administrator **designated in writing.**
- e. Anyone **designated in writing** by persons in categories a. and b.
- f. Any insurance carrier for categories a. and b. Insurance carrier includes, life, health, auto and workers compensation carriers.

- If you fall into one of the above categories, complete this form and mail it with a **\$2.00 non-refundable** search fee to the above address.
- If you want to request **photos** as well, include an additional **\$10.00**. Photos are sent by mail on a CD.
- Photos for crashes investigated by any other law enforcement agency (other than MHP) need to be requested through that agency. MHP does not receive other agency media/photos.
- Should the request be voluminous, or records are not yet received by MHP Records, the department may need a reasonable amount of time to receive, inspect & locate records. Records are *generally* available upon receipt of request. If records are not yet available it may take up to 15 days after date of crash to be available. MHP Records receives a high volume of requests, please allow sufficient time for responses.

Crash Identification:

Fatality Involved: **Yes** **No**

Crash # _____ Officer's Name _____

Date _____ County _____ Nearest City _____

Crash Location (highway, street, milepost, etc.) _____

Names of Drivers Involved (please print or type)

First

Last

1 _____

2 _____

3 _____

You are (check one or more):

_____ Driver _____ Passenger _____ Pedestrian _____ Owner of Vehicle - **Not a Driver**

_____ Owner of Property Damaged due to the Crash. **Identify the property** _____

Which person or company named on the report are you representing? _____

Authorization: I certify that I am an appropriate recipient of the report being requested as per 61-7-114 MCA.

Signature/Date _____

Send report to (print legibly):

Name _____

Address _____

Indicate how you would like to receive report.

Email

Mail

Fax

Check your email settings! The report will be a .PDF attachment coming from a .gov email address.

DAYTIME PHONE _____ FAX _____ EMAIL _____

Please be sure to enclose the appropriate fees as stated in the top portion.

Search results (for records bureau use only):

_____ Search Made _____

_____ No fee enclosed with request, please enclose fee and return.

_____ No report located with given information. Additional information needed.

_____ No officers report available, contact officer at scene.

_____ Must obtain signature from individual named on report and return.

_____ Need a signature from person ordering report and return.