Department of Justice Montana Highway Patrol

2550 Prospect Ave., Helena, MT 59620 (406) 444-3278

CRASH RELEASE FORM

Read and complete this form to request a copy of your crash report.

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

Reports by Individuals (you filled out the report yourself) may be released only to the person who submitted the report or by someone designated in writing by that person.

Reports by an officer may be released to the following individuals:

- 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 <u>designated in</u> <u>writing.</u>
- 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.

This is not the crash report, 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 address at the top of this form to acquire the crash report. Requests are generally processed in 10 to 14 days from date of crash.

| Type of report r | equested | (check one): | | | | | |
|--|--|----------------------|------------------------|---------------------|-----------------------|----------|--|
| | Completed by an Officer Officer's Name and/or ID | | | | | | |
| | | | Crash Number | | | | |
| White Form Completed by YourselfCannot be released to anyone without your signature! | | | | | | | |
| Crash Identific | ation: | | | | Fatality Involved | Yes | |
| Crash Date | | County | Neares | st City | | No | |
| Crash Location (highway, street, milepost, etc. | | | | | | | |
| Names of Drivers Involved (please print or type) | | | | | | | |
| 1 | First | | Middle | Last | | | |
| · | | | | | | | |
| 2 | | | | | | | |
| _ | | | | | | | |
| You are (checl | k one or m | ore). | | | | | |
| | ver | | Pedestrian | Owner of Ve | ehicle - Not a Driver | | |
| Ow | vner of Pro | _ | | tify the property | | | |
| Owner of Property Damaged due to the Crash. Identify the property Which person or company named on the report are you representing? | | | | | | | |
| | | | | | | | |
| Authorization: | • | niny inai i am an ap | propriate recipient of | the report being re | quested as per 61-7- | 114 WCA. | |
| Signature | | | | | | | |
| Send the repo | rt to: | | | | | | |
| | • | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| | - | | | | | | |
| Daytime | e Phone | | FAX | | | | |
| 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. | | | | | | |