

## Crash Release Form

**\*Read & complete this form to request a copy of a crash report & photos.\***

**YOU MUST MEET ONE OF THE FOLLOWING CRITERIA.**

**Who may receive a copy of a crash report & photos 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.
- d. If the person is deceased, the executor or administrator or the attorney/insurance agent representing the executor 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 address above. If you are requesting photos, include a \$10.00 non-refundable search fee.**

**Crash Identification:**

Fatality involved:  Yes  No

Crash # \_\_\_\_\_

Officer's Name \_\_\_\_\_

Crash 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:**

Driver  Passenger  Pedestrian  Vehicle Owner  Attorney\*  Insurance\*

\*Which person or company on the report do you represent? \_\_\_\_\_

Owner of property damaged due to the crash. Identify the property \_\_\_\_\_

WOULD YOU LIKE TO REQUEST PHOTOS?

If you want to request photos, include a \$10.00 non-refundable search fee. Photos are sent by mail on a CD or via the State File Transfer Service. You will receive an email from "Transfer Service" with instructions how to download the photos. 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.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Select below how you want the report to be sent. Photos are mailed or emailed through the State File Transfer Service.

Mail to: Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax to: \_\_\_\_\_  Email to: \_\_\_\_\_

**\*Please be sure to enclose the appropriate non-refundable fees as stated in the top portion of the page.\***

**Search Results (for Records Section use only)**

\_\_\_\_\_ Search Made \_\_\_\_\_

\_\_\_\_\_ No fee enclosed. Enclose fee and return. \_\_\_\_\_ No report located with given information.  
\_\_\_\_\_ Must include authorization signature from individual \_\_\_\_\_ No report available, contact officer/agency at the  
\_\_\_\_\_ named on report and return. \_\_\_\_\_ scene.