

Montana Highway Patrol  
2550 Prospect Avenue, Helena MT 59620 - (406) 444-3278

**CRASH RELEASE FORM**

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

Types of reports:

**Reports by Individuals** - Individual/ White Form-completed by the parties involved only when not investigated by law enforcement

**Reports by an officer** - completed by a law enforcement agency

**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.

If you want to request **photos** as well, include an additional **\$10.00**. Photos are sent by mail on a cd.

Requests are generally processed within 10 to 14 days from the date of the crash.

**Crash Identification:**

Fatality Involved: Yes  No

Crash # \_\_\_\_\_ Officer's name \_\_\_\_\_

Date \_\_\_\_\_ County \_\_\_\_\_ Near 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 \_\_\_\_\_

Would you like the report emailed? Print address legibly.

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.