

**MSU Police Department**  
**Case or Accident Report Request Form**

Today's Date: \_\_\_\_\_

Case #: \_\_\_\_\_

The MSU Police Department will make every effort to provide the requested report within 5-7 business days from the date your request is received. However, there are sometimes circumstances that will dictate a later release date (for instance, the incident/accident is still under investigation, the officer has not completed the report for release, staffing issues, etc.).

Would you like to pickup your report? \_\_\_\_\_ Have your report mailed to you? \_\_\_\_\_

***Sorry – we are unable to fax or e-mail reports.***

***Fees: Involved Party - \$5.00***

***Third Party and Public at Large - \$10.00***

***Public information*** is available to any persons making a written request for information regarding a reported incident. The release of public information is defined by Montana Administrative Rule 23.12.203 as it relates to Initial Offense Reports – general nature of charges against the accused, offense location, name, age & residence of accused, name of victim (unless sex crime) the identity of a witness unless the witness requests confidentiality. MCA 44-5-301 discusses dissemination of public information. (***See reverse side for this information***)

***Definitions:***

***Involved Party:*** Any victim, suspect, witness, business or additional person listed on report.

***Third party:*** Any person, association, organization or representative acting on behalf of an involved party or who represents a financial interest in person or property or anyone from the public at large.

***MCA 61-7-114: Accident reports confidential.*** Montana law mandates that accident/crash reports are confidential. This requires signatures as requested below. Insurance Carriers must provide the policy number, effective date and name of their insured.

**ALL REQUESTORS MUST COMPLETE THE FOLLOWING - PLEASE PRINT:**

Name of Requestor: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Requestor's Mailing Address: \_\_\_\_\_

Name of **Involved** Person: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Type of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

***Accidents Only - Insurance Representative Complete this Section***

Name of Insured: \_\_\_\_\_ Policy # & Effective Date: \_\_\_\_\_

Please print legibly

Location of Accident: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

As the agent /adjuster/representative of the above-named insured involved in this crash, I declare this party is/was covered by this liability or indemnity company at the time of the reported crash. I understand and accept the confidentiality restrictions of MCA- 61-7-114.

**Accidents Only - Non-Insurance Requestors Complete this Section**

Location of Accident: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

As the individual in this accident/crash investigated by the MSU Police Department,

I \_\_\_\_\_ (printed name) give my express written permission for my representative,

\_\_\_\_\_ (printed name) to receive a copy of my accident/crash report.

Signature of Involved Party: \_\_\_\_\_ Date: \_\_\_\_\_

**Representative's Involvement:** \_\_\_\_\_  
 \_\_\_\_\_ Attorney for Involved Party \_\_\_\_\_ Executor, Administrator or Attorney of deceased

***MSU Police Department Use Only:***

Date Report Released: \_\_\_\_\_

Date Requested Returned: \_\_\_\_\_

***Reason for returned request:***

\_\_\_\_\_ No fee enclosed

\_\_\_\_\_ Illegible

\_\_\_\_\_ Signature Unauthorized or Missing

\_\_\_\_\_ ***NO REPORT LOCATED***

\_\_\_\_\_ Other \_\_\_\_\_

**61-7-114. Accident reports confidential.** (1) All required accident reports and supplemental reports must be without prejudice to the individual reporting and must be for the confidential use of the department or other governmental agencies for accident prevention, roadway design, motor carrier safety monitoring purposes, or for the administration of the laws of this state relating to the deposit of security and proof of financial responsibility by persons driving or the owners of motor vehicles. The department may disclose the identity of a person involved in an accident when the identity is not otherwise known or when the person denies being present at the accident.

(2) Except as provided in this section, all accident reports and supplemental information filed as required by this part are confidential and not open to general public inspection. Except as provided in subsection (2)(e), copying of lists of reports is not permitted. The report and supplemental information, including witness statements, filed by law enforcement personnel, as required by this part, may be examined and copied, without obtaining a court order, by:

(a) a person named in the report or involved in the accident;

(b) the representative of the person referred to in subsection (2)(a), designated in writing, or the insurance carrier of that person;

(c) a party to a civil action arising from the accident;

(d) the executor, the administrator, or the attorney representing the executor or administrator if the person is deceased; or

(e) the general public, including commercial entities, for purposes of research into the history of vehicles, but the department may not disclose the name, address, or telephone number of, or other information allowing the identification of, any reporting person, accident victim, peace officer, or other person or any insurer named in a report or supplemental information, including witness statements.

**44-5-301. Dissemination of public criminal justice information.** (1) There are no restrictions on the dissemination of public criminal justice information.

(2) All public criminal justice information is available from the department or the agency that is the source of the original documents and that is authorized to maintain the documents according to applicable law. These documents must be open, subject to the restrictions in this section, during the normal business hours of the agency. A reasonable charge may be made by a criminal justice agency for providing a copy of public criminal justice information.

**Administrative Rules of Montana**

**23.12.203 INITIAL OFFENSE REPORTS**

(1) Initial offense reports should contain the following:

(a) the general nature of the charges against the accused;

(b) the offense location;

(c) the name, age, and residence of the accused (***MSU PD definition: a person who has been arrested and brought before a magistrate***

***or who has been formally charged with a crime***)

(d) the name of the victim, unless the offense charged was a sex crime; and

(e) the identity of a witness unless the witness has requested confidentiality.

(2) Initial offense reports should not contain:

(a) driver's license numbers;

(b) social security numbers;

(c) medical records, including but not limited to, mental health records and records relating to drug and alcohol addiction or treatment;

(d) with respect to the victim of an offense committed under 45-5-502, 45-5-503, 45-5-504, or 45-5-507, MCA, any information other than the offense location that may directly or indirectly identify the victim; and

(e) with respect to the victim of any offense other than those described in (2)(d) who requests confidentiality, any information other than the offense location that may directly or indirectly disclose the address, telephone number, or place of employment of the victim or a member of the victim's family.