

office use only

## MISSOURI STATE HIGHWAY PATROL REQUEST FOR TRAFFIC CRASH REPORT

<i>Type or print legibly</i>		
DATE OF REQUEST	DATE OF CRASH	
COMPLAINT / INCIDENT NUMBER (if known)		
NAME OF DRIVER(S) OR VEHICLE OWNER		
CRASH LOCATION - COUNTY	ROADWAY NAME	
<b>REQUESTING PARTY</b>		
NAME		
COMPANY / AGENCY NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
CLAIM / FILE / CASE NUMBER	EMAIL ADDRESS	TELEPHONE NUMBER (including area code)

*In compliance with 18 U.S.C. 2721, also known as the Driver's Privacy Protection Act, and in order to receive an unredacted crash report copy, you must meet one of the following criteria. Requesting parties not meeting one of the criteria will receive a crash report in which personal information, as defined in 18 U.S.C. 2725 (3 & 4), has been redacted.*

**Check all that apply below:**

- 1. Government agency or representative carrying out its functions
- 2. In connection with matters of motor vehicle or driver safety and theft
- 3. In connection with motor vehicle: Emissions, product alterations, recalls, advisories, performance monitoring, parts and dealers, market research (including survey research) and / or removal of non-owner records from the original owner records of motor vehicle manufacturers
- 4. Legitimate business or its agents, employees, or contractors to:
  - verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and
  - to obtain the correct information (if information submitted is not correct), but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against the individual.
- 5. For use in connection with any civil, criminal, administrative, or arbitral proceeding. This includes service of process, investigation in anticipation of litigation, and the execution of enforcement of judgments and orders, or pursuant to an order of a court.
- 6. Research activities, and for use in producing statistical reports. (Note: the personal information obtained cannot be published, redisclosed, or used to contact individuals).
- 7. Insurer, insurance support organization, self-insured entity (or its agents, employees, or contractors), in connection with claims investigation activities, antifraud activities, rating or underwriting.
- 8. Providing notice to the owners of towed or impounded vehicles.
- 9. Licensed private investigative agency or licensed security service (Note: Cannot be selected alone. Must include another purpose).
- 10. Employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under chapter 313 of title 49 of the United States Code.
- 11. Use in connection with the operation of private toll transportation facilities.
- 12. A party involved in the crash has provided written consent to disseminate the crash report to me (Note: Written consent must accompany this request - In compliance with the Driver's Privacy Protection Act, the report you receive will have all personal information from non-consenting parties redacted).

13. I was a party involved in the crash. (You are a party involved in the crash if you are listed on the crash report and identified as a driver or operator, passenger or occupant, vehicle or vessel owner, other property owner, and / or pedestrian).

Name: \_\_\_\_\_

OR

- I do not meet one of the listed criteria and wish to receive a redacted copy of the report.

**INDICATE THE NUMBER OF COPIES REQUESTED — (CHECK OR MONEY ORDER ONLY)**

_____ Traffic Crash Report	\$3.75 per report
_____ Notary Certification (affidavit) of Traffic Crash Report ( <i>Certification fee is in addition to above fee for crash report</i> )	\$2.00 per certification
_____ Crash Reconstruction Report / Photos ( <i>Please check original crash report for photos and/or reconstruction fields marked "Yes" before calling.</i> )	Contact Patrol Records Division for fees.
	<input type="text"/> TOTAL

**I certify, under penalty of perjury, that the information provided on this form is true and accurate to the best of my knowledge and belief, and any misrepresentation or falsification made by me on the form may result in discontinuance of crash or drowning report copies disseminated to me or my company from the Missouri State Highway Patrol, civil penalties, criminal penalties, or a combination thereof.**

**I certify, under penalty of perjury, that I am obtaining the personal information contained in the report for use in one of the permitted ways set out in 18 U.S.C. 2721(b).**

**SIGNATURE (required)**

**For those agencies / individuals not having an established charge account, payment with the Missouri State Highway Patrol, payment must be made by CHECK or MONEY ORDER payable to: DPS Missouri State Highway Patrol. Cash payments are NOT accepted and will be returned.**

**MAIL TO:**

<input type="checkbox"/> Troop A Headquarters 816-622-0800  <input type="checkbox"/> Missouri State Highway Patrol Attn: Accident Desk 504 S. E. Blue Parkway Lee's Summit, MO 64063-4351	<input type="checkbox"/> Troop F Headquarters 573-751-1000  <input type="checkbox"/> Missouri State Highway Patrol Attn: Tpr. F Accident Desk P.O. Box 568 Jefferson City, MO 65102-0568
<input type="checkbox"/> Troop B Headquarters 660-385-2132  <input type="checkbox"/> Missouri State Highway Patrol Attn: Accident Desk 308 Pine Crest Drive Macon, MO 63552-1030	<input type="checkbox"/> Troop G Headquarters 417-469-3121  <input type="checkbox"/> Missouri State Highway Patrol Attn: Accident Desk 1226 West Business Highway 60/63 Willow Springs, MO 65793-0010
<input type="checkbox"/> Troop C Headquarters 636-300-2800  <input type="checkbox"/> Missouri State Highway Patrol Attn: Accident Desk 891 Technology Drive Weldon Spring, MO 63304	<input type="checkbox"/> Troop H Headquarters 816-387-2345  <input type="checkbox"/> Missouri State Highway Patrol Attn: Accident Desk 3525 North Belt Highway St. Joseph, MO 64506-1370
<input type="checkbox"/> Troop D Headquarters 417-895-6868  <input type="checkbox"/> Missouri State Highway Patrol Attn: Accident Desk 3131 East Kearney Street Springfield, MO 65803-5044	<input type="checkbox"/> Troop I Headquarters 573-368-2345  <input type="checkbox"/> Missouri State Highway Patrol Attn: Accident Desk P.O. Box 128 Rolla, MO 65402-0128
<input type="checkbox"/> Troop E Headquarters 573-840-9500  <input type="checkbox"/> Missouri State Highway Patrol Attn: Accident Desk 4947 Highway 67 North Poplar Bluff, MO 63901-8719	<input type="checkbox"/> Patrol Records Division 573-526-6113  <input type="checkbox"/> Missouri State Highway Patrol Patrol Records Division PO Box 568 Jefferson City, MO 65102-0568