

REQUEST FOR CRASH REPORT INFORMATION

**Burleigh County Sheriff's Department**

**P.O. BOX 1416**

**BISMARCK, ND 58502**

*PLEASE PRINT OR TYPE*

*Complete the following information as completely and accurately as possible.*

Driver Name	Driver Name (If Known)
Date Crash Occurred	Location of Crash (If Known)
This crash involved:    ___ Injury    ___ Property Damage Only    ___ Other (Explain)	

Requesting Individual or Firm		Telephone	
Address	City	State	Zip Code
Signature		Date	

*If you are requesting only the officer's report, complete only the above information.*

I request that portion of the report which contains the officer's opinion. North Dakota state law only allows this portion to be released to a party of the crash, a party's legal representative, or an insurer to a party of the crash.

I am: (Please check one)

- A party to the crash
- A party's legal representative
- An insurer to a party of the crash

In such capacity, I represent \_\_\_\_\_ who was the:

- Passenger
- Driver
- Owner
- Pedestrian
- Other \_\_\_\_\_

who was involved in the above described crash.

FEE:

\$7 for both the Officer's Report and Officer's Opinion

All additional UCR's and supplements separate of the Accident Report will be charged at a rate of \$2 for the UCR and .40/per page for supplements.