

**ACCIDENT – CIVIL
LITIGATION**

CITY OF BILLINGS

POLICE DEPARTMENT

P.O. Box 1554 Billings, MT 59103
316 N 26th St- 4th Floor Billings, MT 59101
(406) 237-6192 Fax (406) 247-8600
evidence@billingsmt.gov

REQUEST FOR COPIES INVOLVING

BILLINGS POLICE DEPT ACCIDENT/REPORT NUMBER: _____ DATE: _____

NAME OF PERSON IN REPORT OR INVOLVED IN ACCIDENT: _____

PERSON MAKING REQUEST: _____

ADDRESS AND PHONE NUMBER: _____

PHOTO CD/DVD: (\$35.00 each):

COST: _____

VIDEO CD/DVD: (\$35.00 each):

COST: _____

DUI VIDEO TAPE: (\$35.00 each):

COST: _____

DUAL LAYER DVD: (\$45.00 each):

COST: _____

FLASH DRIVE – 16 GB (\$60.00 each):

COST: _____

FLASH DRIVE – 32GB (\$75.00 each):

COST: _____

FLASH DRIVE – 64GB (\$100.00 each):

COST: _____

OTHER: _____

TOTAL COST: _____

**ACKNOWLEDGMENT OF RECEIPT OF CONFIDENTIAL ACCIDENT REPORTS INFORMATION
UNDER MCA SEC. 61-7-114.**

(This information will only be provided to; a person named in the report or involved in the accident or his/her representative designated in writing, or the insurance carrier of that person; a party to a civil action arising from the accident; the executor, the administrator, or the attorney representing the executor or administrator if the person is deceased.)

I acknowledge the information being provided to me is designated as “Confidential Information” under MCA Secs. 61-7-114. By accepting this information, I assume the responsibility of maintaining its confidentiality, and assume the responsibility to restricting any further dissemination of this information pursuant to MCA Sec. 61-7-114.

I certify, under penalty of law that: (Check One)

☐

I AM - A person named in the report or involved in the accident or a representative designated in writing.

☐

I AM - A insurance carrier for a person named in the report or involved in the accident.

☐

I AM - A party to a civil action arising from the accident.

☐

I AM - An executor or administrator or an attorney representing the executor or administrator if the person is deceased.

SIGNATURE: _____ **DATE:** _____

OPD Case #: _____ Case Reference #: _____ PDO Name: _____