

Billings City Attorney's Office
316 N 26th, Billings, MT 59101 (second floor)
Phone: (406)657-8205

**CONFIDENTIAL TRAFFIC ACCIDENT REPORT REQUEST
FORM**

YOU MUST BE ONE OF THE FOLLOWING PERSONS to receive a copy of an accident report & photos/video without a court order pursuant to MCA 61-7-114:

- a. A person named in the report or involved in the accident.
- b. The representative of a person referred to in (a) above designated in writing, or the insurance carrier of that person.
- c. A party to a civil action arising from the accident.
- d. The executor, administrator, or the attorney representing the executor or administrator, of a person referred to in (a) above if the person is deceased.

If you are a person in one of the above categories, complete this form and return it to the Billings City Attorney's Office.

Accident Identification:
Accident #: _____

Fatality involved:
Officer's Name:
Location:

Accident Date: _____

Names of Drivers Involved (first and last names):

1._____ 2._____ 3._____

Would you like to request: a.) Accident Report? Cost:\$
b.) Photos (if any)? Cost: \$
c.) Video/audio (if any)? Cost: \$20 per hour (review/redaction of PII)
\$

Please note it is the policy of our office to charge for responses to record requests as follows*:

Paper records: \$.25 per page if the response is 8 pages or more

Digital records: \$25 per flash drive if the response includes digital/electronic records.

Time: \$20 per hour if staff/attorney time required for response exceeds 30 minutes.

**Advanced payment may be required depending on the amount of records requested and expected staff/attorney time required for response (records search/collecting/redactions).*

NOTICE: MCA 45-7-208 provides that it is a felony criminal offense to purposely or knowingly misrepresent your identity or the use for which personal information is sought in order to obtain personal information from a motor vehicle record under 61-11-507, 61-11-508, or 61-11-509 with penalties that include imprisonment for a term not to exceed 10 years and/or a fine not to exceed \$50,000.

NOTICE: MCA 44-5-303(3) provides in part that a person or criminal justice agency that accepts confidential criminal justice information assumes the same responsibility for the security of the information as the originating agency. Whenever confidential criminal justice information is disseminated, it must be designated as confidential.

Authorization: By my signature below I certify under penalties for perjury that I am the following in relation to the accident I have identified herein (check one):

*Which person on the report do you represent?

**Court and Docket #:

***State your involvement:

Signature:

Date:

Printed Name:

Address:

Daytime phone: _____

Email:

Search Results (for BCAO only): No report located with given information Must include authorization signature from individual named on report and return Advance payment required Report furnished Photos furnished Video furnished