



DR# _____

Missoula Police Department Incident or Accident Report Request Form

The requested report will be provided within 10 business days from the date of the request.

In the case of a specific reason where exigent circumstances exist, the date needed must be made know to the department at the time of this request. The administrative services team will make every effort to fill this request by the specified date, but no less than three business days from the date of the report and no less than 24 hours from the time of the request.

Definitions:

Involved party: Any victim, suspect, witness, business, additional person having a vested interest in the incident or accident. Involved parties are entitled to public information and any information they have stated to a responding officer.

Third party: Any person, association, organization or representative acting on behalf of an involved party or represents a financial interest in person or property, with written authorization or consent of involved party. Third parties with consent are entitled to public information and any information they have stated to a responding officer.

Public Information is available to any persons, at large, making a written request for information regarding a reported incident. The release of public information is limited to the following information only as prescribed by Montana state law, MCA 44-5-303, Incident case number, initial complaint description, time of initial complaint received, dispatched and resolved, and location of incident.

Copy Fees: INVOLVED PARTY \$5.00 THIRD PARTY AND PUBLIC AT LARGE \$22.00 Fees for copies of reports are set forth by the Missoula City Council resolution #7124 adopted Aug 7, 2006. **FEES MUST BE PAID AT THE TIME OF REQUEST.** Completed requests will be mailed to the requestor.

PLEASE PRINT

Today's date: _____ Report # _____

Name of requestor: _____

Name of involved/insured: _____

Date of Birth: _____ Phone number: H) _____ C) _____

Mailing address: _____ City: _____ Zip: _____

Unless specifically requested not to, all requests will be mailed to the requestor.

Type of crime: _____ Date of Occurrence _____

(Example: Burglary from residence, theft from auto, Traffic Accident)

Location of incident: _____

(Example: Address of incident, street or cross streets where incident or accident occurred)

Requestor signature: _____ Date: _____

Missoula Police Department Use Only

Received by: _____ Date: _____ Released by: _____ Date: _____

Fees paid by: CHECK CASH Credit/Debit Amount: Involved \$5.00

Receipt # _____ Third party/public \$22.00