Print Form Reset Form

SHP-842C 07/14

office use only

MISSOURI STATE HIGHWAY PATROL

REQUEST FOR TRAFFIC CRASH REPORT

Type or print legibly	
DATE OF REQUEST	DATE OF CRASH
COMPLAINT / INCIDENT NUMBER (if known)	
NAME OF DRIVER(S) OR VEHICLE OWNER	
CRASH LOCATION - COUNTY	ROADWAY NAME

REQUESTING PARTY		
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).

(OVER - THIS IS A TWO PAGE FORM)

☐ 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: _____

INDICATE THE NUMBER OF COPIES REQUESTED *(price is per item)*

_____	Traffic Crash Report	$3.75 per report
_____	Crash Reconstruction Report / Photos	Contact Patrol Records Division for fees.
_____	Notary Certification (affidavit) of Traffic Crash Report	$2.00 per certification
	(Certification fee is in addition to above fee for crash report)	
	Requests for certified reports must be submitted to the Patrol Records Division (address below).	$ 0.00 **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. Please DO NOT send cash.

MAIL TO:

☒ Patrol Records Division
573-526-6113

Missouri State Highway Patrol
Patrol Records Division
PO Box 568
Jefferson City, MO 65102-0568

☐ Troop A Headquarters
816-622-0800

Missouri State Highway Patrol
Attn: Accident Desk
504 S. E. Blue Parkway
Lee's Summit, MO 64063-4351

☐ Troop B Headquarters
660-385-2132

Missouri State Highway Patrol
Attn: Accident Desk
308 Pine Crest Drive
Macon, MO 63552-1030

☐ Troop C Headquarters
636-300-2800

Missouri State Highway Patrol
Attn: Accident Desk
891 Technology Drive
Weldon Spring, MO 63304

☐ Troop D Headquarters
417-895-6868

Missouri State Highway Patrol
Attn: Accident Desk
3131 East Kearney Street
Springfield, MO 65803-5044

☐ Troop E Headquarters
573-840-9500

Missouri State Highway Patrol
Attn: Accident Desk
4947 Highway 67 North
Poplar Bluff, MO 63901-8719

☐ Troop F Headquarters
573-751-1000

Missouri State Highway Patrol
Attn: Tpr. F Accident Desk
P.O. Box 568
Jefferson City, MO 65102-0568

☐ Troop G Headquarters
417-469-3121

Missouri State Highway Patrol
Attn: Accident Desk
1226 West Business Highway 60/63
Willow Springs, MO 65793-0010

☐ Troop H Headquarters
816-387-2345

Missouri State Highway Patrol
Attn: Accident Desk
3525 North Belt Highway
St. Joseph, MO 64506-1370

☐ Troop I Headquarters
573-368-2345

Missouri State Highway Patrol
Attn: Accident Desk
P.O. Box 128
Rolla, MO 65402-0128