

MISSOURI STATE HIGHWAY PATROL
REQUEST FOR TRAFFIC CRASH REPORT

Please Type or Print Legibly

Date of Request: _____

Date of Accident: _____

Accident Complaint/Incident Number (*if known*): _____

Name of Driver(s) or Vehicle Owner: _____

Accident Location: County- _____ Roadway Name- _____

Name of Requesting Party: _____

Requesting Party Company Name: _____

Address of Requesting Party: _____
(Street)

(City)

(State)

(Zip Code)

Requesting Agency Claim/File/Case Number: _____

Telephone No. of Requesting Party (*include area code*): _____

Reason For Request (*please check all that apply*):

- | | |
|---|---|
| <input type="checkbox"/> Involved in Crash | <input type="checkbox"/> Family Member of Person Involved |
| <input type="checkbox"/> Owner of Vehicle Involved in Crash | <input type="checkbox"/> News Media Representative |
| <input type="checkbox"/> Insurance Co. Representative of Person Involved | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Physician of Person Involved | <input type="checkbox"/> Other (<i>explain</i>) |
| <input type="checkbox"/> Member of Street Department of Involved Jurisdiction | |

Please indicate the number of copies requested (*price is per item*):

_____ Traffic Crash Report \$3.75 per report

_____ Notary Certification (*affidavit*) of Traffic Crash Report \$2.00 per certification

(*Certification fee is in addition to above fee for accident report and must be obtained from:*

***DPS-Missouri State Highway Patrol, Traffic Division,
Post Office Box 568, Jefferson City, Missouri, 65102***

\$ Total

For those agencies/individuals not having an established charge account, payment must be made by check or money order payable to: DPS - Missouri State Highway Patrol. Please DO NOT include cash.