REQUEST FOR CRASH REPORT INFORMATION

North Dakota Department of Transportation, Drivers License & Traffic Safety
SFN 4901 (Rev. 12-2008)

DRIVERS LICENSE AND TRAFFIC SAFETY DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0700

PLEASE PRINT OR TYPE

You must complete all of the following description as completely and accurately as possible.

Description

Driver Name	Driver Name
Drivers License Number of One Driver (if possible)	Drivers License Number of One Driver (if possible)
Date Crash Occurred	County or City Where Crash Occurred

This crash involved: ☐ Fatality ☐ Injury ☐ Property Damage Only

Claim/File Number If Applicable

Requesting Individual or Firm		Telephone	
Address	City	State	Zip Code
Signature		Date	

If you are requesting only the officer's report, complete only the above information.

I request that portion of the report which contains the officer's opinion. North Dakota state law only allows this portion to be released to a party of the crash, a party's legal representative, or an insurer to a party of the crash.

I am: (Please check one.)

- ☐ A party to the crash.
- ☐ A party's legal representative.
- ☐ An insurer to a party of the crash.

In such capacity I represent _____, who was the:

- ☐ Passenger
- ☐ Driver
- ☐ Owner
- ☐ Pedestrian
- ☐ Other _____

who was involved in the above-described crash.

The reason the officer's opinion is needed:

FEES ARE: $2 for Officer's Report
$5 for Officer's Opinion
$7 for Officer's Report and Opinion

Will this information ever be used, directly or indirectly, in a court proceeding or claim for damages arising from any occurrence at the location mentioned or addressed in the requested records? ☐ Yes ☐ No

(Failure to answer this question may cause delays or the denial of some information sought.)

Make drafts or checks payable to:
Department of Transportation

If paying by credit card, please provide the following:

Credit Card Number	Expiration Date
Verification Code	Card Owner's Zip Code
Signature	

Requestor's Signature