

REQUEST FOR CRASH REPORT INFORMATION

North Dakota Department of Transportation, Drivers License Division
SFN 4901 (3-2017)

**DRIVERS LICENSE DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750**

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: <input type="checkbox"/> Fatality <input type="checkbox"/> Injury <input type="checkbox"/> Property Damage Only	
Claim/File Number, If Applicable	

Requesting Individual or Firm		Telephone Number	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No (Failure to answer this question may cause delays or the denial of some information sought)
Requestor's Signature

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	