

BENTON COUNTY SHERIFF'S OFFICE

581 Highway 23 NE • P.O. Box 159 • Foley, MN 56329
 Administrative: (320) 968-7201 • FAX: (320) 968-6885
 Jail: (320) 968-8180 • FAX: (320) 968-6347
 Records: (320) 968-8150



Troy Heck, Sheriff
 Neal Jacobson, Chief Deputy

TRAFFIC CRASH RECORDS PHOTOCOPY REQUEST (for crashes investigated by the Benton County Sheriff's Office)

INSTRUCTIONS:

Complete Crash Information section, enclose the correct fee, *\$1.00 for mail request and .25 cents for in person request*, and submit request form to the address above and make check payable to: **Benton County Sheriff's Office.**

Information may be disclosed to requester, his legal counsel or representative of his insurer ONLY upon signed authorization of qualified requester. Authorized requester is a person involved with the crash (driver, passenger, owner of damaged property, owner of vehicle, pedestrian) or next of kin/surviving spouse/legal representative of the estate. Disclosing information from crash reports, except by the Highway Traffic Regulation Act is a misdemeanor. Request form will not be processed without a signed authorization.

CRASH INFORMATION: (please print)

<u>Name (first, middle, last)</u>	<u>Driver License #</u>	<u>Date of Birth</u>
1)		
2)		
3)		
<u>Location of Crash (Road or Highway)</u>	<u>Date of Crash</u>	
	<u>No. of Drivers Involved</u>	

REQUEST AUTHORIZED BY: (must check one)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Owner of Damaged Property |
| <input type="checkbox"/> Passenger | <input type="checkbox"/> Owner of Vehicle |
| <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Next of kin: Surviving spouse, Legal representative of the estate, Trustee under MS 573.02. |

AUTHORIZED REQUESTER does not include: legal counsel or attorney; those involved through litigation other than as driver, owner or passenger, or parent or guardian.

REQUESTER HEREBY AUTHORIZES THE BENTON COUNTY SHERIFF'S OFFICE TO DISCLOSE CRASH INFORMATION IN ACCORDANCE WITH MINNESOTA STATUTES, SECTION 169.09, SUBD.13.

 SIGNATURE OF AUTHORIZED REQUESTER

MAIL TO: _____

