Motor Vehicle Crash Photo Request Form

Requesting Agency/Person: ____________________________________________________________
Contact Person: ________________________________________________________________
Date: ______________ Phone: ________________________________________________________
Email: _________________________________________________________________________
Street Address: __________________________________________________________________
City: __________________ State: _______ Zip: _______________________
Your Reference Number: __________________________________________________________

CASE INFORMATION
Date of Incident: _______ / _____ / _______
Incident Number (if known) _______________ - __________________
Location of Incident: __________________________________________________________________
Person(s) involved (victim, driver, etc.): ____________________________________________

Photos will be provided on a CD or DVD unless otherwise requested.
An Administrative fee of $3.00 will be applied to each disc. Please contact Lauryn Stephens with any further questions. Phone: 812-379-1650 or E-mail lauryn.herr@bartholomew.in.gov. Please mail or bring in this form to the address below. Payment is required before CD’s or DVD’s are mailed.