



El Reno P.D. Case Number: _____

EL RENO POLICE DEPARTMENT

116 North Evans Avenue

El Reno OK 73036

RECORDS REQUEST

Requestor's Name: _____ Date: _____

Mailing Address: _____ Phone: _____

Requestor's Firm: _____ Phone: _____

Email: _____

ACCIDENT REPORT

(Please complete reverse side)

Driver: _____

Date of Accident: _____

Location: _____

ARREST REPORT

Arrestee: _____

Date Arrested: _____

CALLS FOR SERVICE

Dates: _____

Address: _____

CRIMINAL HISTORY

Name: _____

Date of Birth: _____

INCIDENT REPORT

Name: _____

Date of Incident: _____

Location: _____

AUDIO AND/OR VIDEO

Caller: _____

Address: _____

Date/Time: _____

FEES:

Copies of Report	\$0.25 per page
Certified Copy of Report	\$1.00 per page
Digital Report	\$35.00 per hr digital reports (minimum 1hr)
Digital Media	\$35.00 for audio and/or video
Research/Recording Fee	\$4.00 per quarter hour research fee

Total Cost: _____

Badge#/Initials: _____

I hereby request the following Collision Report:

Date of Collision: _____ **Collision Report Number:** _____

Drivers Name: _____ **Sex:** _____

Driver License Number: _____ **State:** _____ **Date of Birth:** _____
Mm/dd/yy

Check the following applicable statement:

I am the person named in the record(s) sought. I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below.:

1. Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions†
2. Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
3. Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals
4. Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, anti-fraud, rating or underwriting activities
5. Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b)
6. Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
7. Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety Statutory citation: _____

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request

Signature of Person Named in Request

By signing above, I voluntarily give consent to the El Reno Police Department and/or City of El Reno to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the El Reno Police Department and/or City of El Reno will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of his duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and his obligations to use such information only of the purposes set out therein and his civil and criminal liabilities if he violates these duties, and his obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the El Reno Police Department and/or City of El Reno from any and all liability and penalties associated with my or my successor's or assignees' wrongful use and/or release of such information.

Printed Name of Person Making Request

Signature of Person Making Request

Print Agency/Company Name (if item 1, 3, 4, 5 or 6 was checked above)

Date mm/dd/yyyy

Address

City

State

Zip