NICHOLS HILLS POLICE DEPARTMENT
RECORDS REQUEST FORM

(Circle All That Apply)

TYPE OF RECORD: TRAFFIC ACCIDENT INCIDENT ARREST RADIO LOG OTHER

I am requesting information on the following:

CASE NUMBER _____

NAME OF PERSONS(S) INVOLVED _____

DATE OF BIRTH _____ **RACE**_____ **SEX**_____

TIME AND DATE OF EVENT _____

LOCATION OF EVENT _____

Requestor's Name _____ Date _____

Mailing Address _____ Phone _____

Is This Request for Commercial Purposes? Yes____ No ____ Signature _____

How do you wish to receive the record you requested?

Pick Up _____ Mail _____ Fax _____

Phone # (If different than above): Address (If different than above): Fax Number:

**********IMPORTANT NOTICE**********

All records will be released in accordance with the terms set forth in the Oklahoma Open Records Act.

Pursuant to Oklahoma Statute, Title 47 § 40-102, accident reports are confidential for a period of sixty days after the accident. During that time, accident reports will only be released to the following parties:

- Party involved in the collision
- Licensed insurance agents of party involved in the collision
- Legal representative of party involved in the collision
- Insurer of party involved in the collision
- Person under contract with an insurer to provide claims or underwriting information
- Insurer to which a party has applied for coverage
- Licensed private investigator employed by a party involved in the collision
- The Dept of Transportation or any county or city transportation or road and highway maintenance agency
- State, county of city law enforcement agency
- Prosecutorial authority
- Newspaper as defined in Title 25 § 106
- Radio or television broadcaster
- Provider of health services to a party involved in the collision

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For Office Use Only: Report Released by _____ Date of Release _____

Amount Paid _____ Receipt Number _____