TO OBTAIN A COPY OF A REPORT

**STEP #1** – VERIFY THE REPORT IS AVAILABLE AND OBTAIN THE TOTAL COST OF THE REPORT. THIS CAN BE DONE BY:

1. CALLING (405-259-8668) or (405-259-8776); or

2. FAX THE REQUEST TO (405-769-4755); or

3. EMAIL THE REQUEST TO tgracy@choctawcity.org

**STEP #2** – PRINT AND FILL OUT THE RECORDS REQUEST FORM. THE REQUEST MUST INCLUDE:

- Your name or company, phone number, fax number and/or e-mail address.
- The case number.
- The name and date of birth of the individual(s) involved in the incident.
- The exact location of the incident.
- The date and time of the incident.
- When requesting an accident report the Accident Affidavit on the back of the request form must be completed and signed.

**STEP #3** – EMAIL, FAX OR BRING THE COMPLETED FORM TO THE CHOCTAW POLICE DEPARTMENT, RECORDS UNIT, MONDAY – FRIDAY 8:00AM – 5:00PM, LOCATED AT 13240 NE 23RD STREET CHOCTAW, OKLAHOMA 73020.

OR

IF YOU WISH TO OBTAIN THE REPORT VIA U.S. MAIL, SEND THE ORIGINAL REQUEST FORM, ALONG WITH A BUSINESS CHECK OR MONEY ORDER MADE OUT TO THE CHOCTAW POLICE DEPARTMENT TO:

CHOCTAW POLICE DEPARTMENT
ATTENTION: RECORDS
P.O. BOX 97
CHOCTAW, OKLAHOMA 73020

ALL REPORTS MAY BE PICKED UP IN PERSON OR SENT THROUGH THE UNITED STATES POSTAL SERVICE.

WE DO NOT FAX OR EMAIL REPORTS.
RECORDS REQUEST FORM

Requestor's Name: ________________________________
Mailing Address: ________________________________
Requestor's Firm: ________________________________
Email Address: ________________________________

DATE: __________________
Phone: __________________
Fax #: __________________

ACCIDENT REPORT
(please complete the reverse side)
Date of Accident: __________________
Location: __________________

INCIDENT / ARREST REPORT
Arrestee: __________________
Date Arrested: __________________

CALLS FOR SERVICE
Dates: __________________
Address: __________________

CRIMINAL HISTORY
Name: __________________
Date of Birth: __________________

INCIDENT REPORT
Date of Incident: __________________
Location: __________________

VIDEO / BODY CAMERA / DEPT. CAMERA
Location: __________________
Date/Time: __________________

FEES:

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copies of Report</td>
<td>$0.25 per page</td>
</tr>
<tr>
<td>Certified Copy of Report</td>
<td>$1.00 per page</td>
</tr>
<tr>
<td>Video CD or DVD</td>
<td>$4.00 per CD or DVD</td>
</tr>
<tr>
<td>Thumb Drive</td>
<td>$10.00 per thumb drive</td>
</tr>
<tr>
<td>Research Fee</td>
<td>$25.00 per hour, 1 hour minimum</td>
</tr>
</tbody>
</table>

NO OUTSIDE THUMB DRIVES

IF APPLICABLE
INDICATE BY INITIALS BELOW - By initialing on the authority below, you are asserting that information is true and correct.

___ Party involved in the collision
___ Person under contract with the insurer, to provide claims or underwriting information
___ Licensed insurance agents of party involved in the collision
___ Insurer or a party involved in the collision
___ Insurer to which a party had applied for coverage
___ Legal representative of a party involved in the collision
___ Prosecutorial authority *
___ State, County, or City law enforcement agency *
___ The Department of Transportation or any county or city transportation or road and highway maintenance agency *

* NO AFFIDAVIT REQUIRED, PROVIDED PROPER CREDENTIALS AND VALID PROOF SHOWN.

*** NOTICE ***

Any person who knowingly violates this section and obtains or provides information made confidential by this section is guilty of a misdemeanor and shall be fined, imprisoned, or both.

MOTOR VEHICLE ACCIDENT REPORT AFFIDAVIT

STATE OF OKLAHOMA )

 )SS.

COUNTY OF OKLAHOMA )

I _______________________ being duly sworn, do hereby swear or affirm, under penalty of perjury, that the motor vehicle or traffic accident report will not be examined reproduced, or otherwise used in any way for commercial solicitation purposes, either directly or indirectly, and that I, in seeking to obtain this report fall within one of the following categories:

- Person involved in the motor vehicle or traffic accident or the authorized representative of such person
- State, County or City law enforcement
- Legal representative of a party involved in the collision
- Licensed insurance agent of party involved in collision

Affiant/Signature ___________________________ Date _______________

OFFICIAL USE ONLY

Records Clerk: ____________________________ Receipt #: ______________

Picked up: ____________ Date: ____________ Mailed: ____________ Date: ____________

Paid with □ Cash □ Check (#______) □ Money Order (#______________) □ Debit/Credit Card _________