Department of Public Safety

Records Management Division - Open Records

OPEN RECORDS REQUEST FORM

Request Date:

Requestor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trooper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Troop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individuals involved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Document(s) Requested:**

* Accident Investigation - Collision Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(No photos, statements, measurements, vehicle downloads, third party reports, etc. - Pursuant to Open Records Act Title 51 § 24A.)

* Arrest Report – Arrest Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CAD Report – Event Detail (dispatch report)
* Driver/Vehicle Examination Report
* Emails/Correspondence
* Statistics
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Details:

Requestor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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| Department of Public Safety | | |
| Records Management Division – Open Records | | |
| Open Records Request | | |
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| **Form Instructions** | | |
| Please complete all applicable portions of the Open Records Request Form.  Print and Mail the form to: | | |
| Department of Public Safety  Records Management Division - Open Records PO Box 11415  Oklahoma City OK 73136-0415 | | |
| All documents are redacted according to the Driver's Privacy Protection Act, 18 U.S.C. Sections 2721 through 2725 and the Oklahoma Open Records Act, 51 O.S. § 24A.1 et seq.  Once documents are available, an invoice will be mailed or e-mailed to the requestor's address provided on the Request Form. Documents will be released upon receipt of payment to DPS. | | |
| Fees: | Page . . . . . . . . . . . . . . . . . . . . . . | $ 0.25 |
|  | Certified Document. . . . . . . . . . | $ 3.00 |
|  | Collision Report (Redacted). . . | $ 7.00 |
|  | Disc . . . . . . . . . . . . . . . . . . . . . . | $ 5.00 |
| To request Dash Cam and any other audio/video files, please submit the request separately on the Dash Cam Video Request Form. This form is located on our website at [www.ok.gov/dps.](http://www.ok.gov/dps) | | |