



REQUEST FOR COLLISION REPORT

Case Number: _____

Requestor's Name: _____

Requestor's Address: _____
Street City State Zip Code

Telephone #: _____

Identification / Driver's License #: _____

INFORMATION REQUESTED CONCERNING THE FOLLOWING:

Driver Name(s): _____

Incident Date/Time: _____

Location: _____

Relationship of Requestor to Collision Report (47 O.S. § 40-102): Please check applicable box

- ___ a. Party involved in the collision,
- ___ b. Legal representatives of a party involved in the collision,
- ___ c. State, county or city law enforcement agency,
- ___ d. The Department of Transportation or any county or city transportation or road and highway maintenance agency,
- ___ e. Licensed insurance agents of a party involved in the collision,
- ___ f. Insurer of a party involved in the collision,
- ___ g. Insurer to which a party has applied for coverage,
- ___ h. Person under contract with an insurer, as described in subparagraph e, f or g of this paragraph, to provide claims or underwriting information,
- ___ i. Prosecutorial authority,
- ___ j. Newspaper as defined in Section 106 of Title 25 of the Oklahoma Statutes,
- ___ k. Radio or television broadcaster,
- ___ l. Licensed private investigators employed by parties to the collision.
- ___ m. Provider of health services to a party involved in the collision.

Requestor's Signature: _____ Date: _____

Released By DSN: _____ Date: _____