



# Request for Collision Report

Accident / Case: \_\_\_\_\_

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: \_\_\_\_\_