



# POLICE DEPARTMENT

CENTRAL MICHIGAN UNIVERSITY

## Request For Police Records

- I am requesting a Traffic Crash Report regarding an incident I was involved in or a vehicle registered to myself/to my business.
- I am requesting a Report regarding an incident I was involved in.
- I am requesting a Report and this serves as a Freedom of Information Act (FOIA) request.

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Required for Involved Person**

Name (printed): \_\_\_\_\_

Name (signature): \_\_\_\_\_

Street Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Type of Incident: \_\_\_\_\_

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

Name(s) of People Involved: \_\_\_\_\_

Additional Information:

Please Send Response (pick ONE):  Mail  Email to: \_\_\_\_\_

I Will Pick Up  Fax to: \_\_\_\_\_

### TRAFFIC CRASH REPORT REQUESTS, PLEASE READ AND SIGN

If this is a request for a motor vehicle accident report which was filed with the Central Michigan University Police Department, by signing below this request will act as my statement that I acknowledge under MCL 257.503, I (and any organization I might represent) am prohibited from a) using the report for any direct solicitation of an individual, vehicle owner, or property owner listed in the report, and b) disclosing any personal information contained in the report to a third party for commercial solicitation of an individual, vehicle owner, or property owner listed in the report, until thirty (30) days after the date after the date the report is filed. Violation of this law is a misdemeanor, subject to fines and imprisonment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

Received/Date: \_\_\_\_\_

Notes: