

KEWASKUM POLICE DEPARTMENT

Open Records Request Form



Juvenile information as well as personally identifiable information as defined in the Driver's Privacy Protection Act in 18 U.S.C. § 2725(3) will be redacted from all reports unless exempted under 18 U.S.C. sec. 2721. **It is a crime for any person knowingly to obtain, to make false representation to obtain, or disclose information from a Wisconsin Department of Transportation record under the DPPA.**

Date: _____

Case # _____

Type of Record(s) Requested:

Accident Report Incident Report Photographs Other _____

I hereby certify I am requesting a report for use as follows:

My Record – I am an individual involved in this accident or incident

Insurance – For use by any insurer, or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, anti-fraud activities, rating or underwriting.

Attorney/legal – For use in connection with any civil, criminal, administrative or arbitral proceeding in any federal, state, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of federal, state or a local court.

Other- Please specify use _____

Reason you are requesting this report (be specific): _____

Name & DOB of Represented Client/Insured: _____

Date & Location of Accident/Incident: _____

Person Making Request: _____

Employed By and on Behalf of: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Tel # (Home/Cell): _____ **Work:** _____

Signature of Person Requesting the Report: _____

JUVENILE RECORDS REQUEST REQUESTOR INFORMATION

I am:

- Biological Parent
- Guardian named by court
- Legal Custodian given legal custody of the child by court order
- Juvenile (14 yrs of age or older) – requesting one’s own report
- Other (explain): _____

Comments:

- Please allow 5 to 10 working days for your request to be processed.
- We accept cash or checks made payable to the Kewaskum Police Department.
- We do NOT accept credit / debit cards.
- Prepayment is required for all requests that are to be mailed and are over \$5.00.
- You will be contacted when the report is ready via the phone number listed on this form.
- We will NOT fax reports.

Fees:

Accident Reports = Picked up -- \$2.00 plus 25¢ for statements, etc.
 Mailed -- \$3.00 plus 25¢ for statements, etc.

Incident Reports = Picked up -- \$1.00 First page, 25¢ for second and subsequent pages
 Mailed -- \$2.00 first page, 25¢ for second and subsequent pages

Photos = \$1.00 per page
 CD’s or DVD’s of photos or videos = \$5.00

**THE KEWASKUM POLICE DEPARTMENT WILL RETAIN
 ELECTRONIC/PHOTO COPIES OF ALL OPEN RECORDS REQUESTS**

FOR DEPARTMENT USE

Date request received:	Request approved: <input type="checkbox"/> Yes <input type="checkbox"/> No *Partial request approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ID CHECKED
Reason for denial (if applicable):	Approved by signature: Date: _____ Fees paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Reason for partial approval only/special instructions (if applicable):	Amount Paid: _____ What was given: _____