

CAMAS POLICE DEPARTMENT

2100 NE 3<sup>rd</sup> Ave, Camas WA 98607  
360-834-4151/Fax 360-834-0505

**Request for copy of Collision Report**

(We ask for photo identification in order to assess charging and redactions for your request)

**Your Information (Requestor):**

**TODAY'S DATE:** \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

**Request for copy of Collision Report, case #:** \_\_\_\_\_ (If providing case #, skip additional info lines below)

Additional information for us to use to assist in locating the collision report you are requesting:

Date collision occurred: \_\_\_\_\_

Address/Intersection where collision occurred: \_\_\_\_\_

Names of other drivers/passengers/property owners: \_\_\_\_\_

**I certify under penalty of perjury that the information is sought for one of the 14 permissible purposes under the Driver's Privacy and Protection Act (DPPA), 18 U.S.C. 2721 (b). (Copy of 14 permissible purposes available to review)**

\_\_\_\_\_

Signature of Requestor

\_\_\_\_\_

Date

\_\_\_\_\_ I refuse to sign

**Receipt method I am requesting:**

\_\_\_\_\_ To pick up my copy when ready (copy charges may apply)  
(initials)

\_\_\_\_\_ Inspection of record  
(initials)

\_\_\_\_\_ Mail my copy to me when ready. (If copy costs owed, PAYMENT IS DUE PRIOR TO MAILING.)  
(initials)

**Payment Rec'd by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Per RCW 42.56, the Camas Police Department has five business days to respond to requests for public records. If the information will not be available within five business days a reasonable estimate of the time to provide the record will be given. Denials will give specific reasons for the denial. RCW 42.56 prohibits the disclosure of lists of individuals when such lists are requested for commercial purposes.

\_\_\_\_\_

Signature of Requestor

\_\_\_\_\_

Date

----- (Below this line for office staff use) -----

Records Release Approved by: \_\_\_\_\_

ID Verified by: \_\_\_\_\_

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

\_\_\_\_\_  
(Type of Identification Provided by Requestor)

**Records Released:** \_\_\_\_\_  
\_\_\_\_\_

**Copy of above listed collision report received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_