

TO OBTAIN A COPY OF A REPORT:

STEP #1-VERIFY THE REPORT IS AVAILABLE AND OBTAIN THE TOTAL COST OF THE REPORT. THIS CAN BE DONE BY:

1. CALLING (405) 297-1000 or (405) 297-1112; or
2. FAX THE REQUEST TO (405) 316-1112; or
3. EMAIL THE REQUEST TO [ocpd.records@okc.gov](mailto:ocpd.records@okc.gov).

STEP #2-PRINT AND FILL OUT THE RECORDS REQUEST FORM. THE REQUEST MUST INCLUDE:

- Your name or company, phone number, fax number or email address.
- The case number.
- The name and date of birth of the individual(s) involved in the incident.
- The exact location of the incident.
- The date and time of the incident.
- When requesting an accident report the Accident Affidavit on the back of the request form must be completed and signed.

STEP #3-BRING THE COMPLETED FORM TO THE OKLAHOMA CITY POLICE DEPARTMENT, RECORDS UNIT, LOCATED ON THE FIRST FLOOR

O R

IF YOU WISH TO OBTAIN THE REPORT VIA THE U.S. MAIL, SEND THE ORIGINAL REQUEST FORM, ALONG WITH A BUSINESS CHECK OR MONEY ORDER MADE OUT TO THE OKLAHOMA CITY POLICE DEPARTMENT TO:

OCPD HEADQUARTERS

700 COLCORD DR.

OKLAHOMA CITY, OK 73102.

ALL REPORTS ARE SENT THROUGH THE UNITED STATES POSTAL SERVICE.

WE DO NOT FAX OR EMAIL REPORTS.



The City of **OKLAHOMA CITY**

POLICE DEPARTMENT  
William City  
Chief of Police

**OCPD RECORDS REQUEST**

Requestor's Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Requestor's Firm \_\_\_\_\_ Phone \_\_\_\_\_

**TYPE OF REQUEST**

_____ Criminal History/Name Inquiry _____	\$1.00
_____ 6 Month Probation Check _____	\$1.00
_____ Accident Report (See Affidavit) _____	.25 per page
_____ Crime/Incident Report _____	.25 per page
_____ Dispatch Radio Log _____	.25 per page
_____ Page fee _____	.25 per page
_____ Official Seal _____	\$1.00
_____ Handling Fee _____	\$4.00
_____ Body Worn Camera Recording _____	\$4.00
_____ Other (Specify) _____	

**TOTAL COST** \_\_\_\_\_

**Information Requested Concerning the Following**

Name \_\_\_\_\_  
Last First Middle Initial/Name

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

ID Number/Driver's License Number \_\_\_\_\_

Incident Location \_\_\_\_\_

Incident Date and Time \_\_\_\_\_ Case Number \_\_\_\_\_

Clerk \_\_\_\_\_ Receipt \_\_\_\_\_ Check # \_\_\_\_\_ **F V C R**

INDICATE BY INITIALS BELOW. By initialing on the authority below, you are asserting that information is true and correct.

\_\_\_\_\_ Party involved in the collision.

\_\_\_\_\_ Person under contract with an insurer, to provide claims or underwriting information.

\_\_\_\_\_ Licensed insurance agents of party involved in the collision.

\_\_\_\_\_ Insurer or a party involved in the collision

\_\_\_\_\_ Insurer to which a party had applied for coverage.

\_\_\_\_\_ Licensed private investigators employed by parties to the collision

\_\_\_\_\_ Legal representative of a party involved in the collision

\_\_\_\_\_ Person or firm with a current affidavit on file.\*

\_\_\_\_\_ Radio or television broadcaster.\*

\_\_\_\_\_ Newspaper as defined in Title 25 § 106\*

\_\_\_\_\_ Prosecutorial authority.\*

\_\_\_\_\_ State, county or city law enforcement agency.\*

\_\_\_\_\_ The Department of Transportation or any county or city transportation or road and highway maintenance agency.\*

\*No affidavit required, provided proper credentials and valid proof shown.

**\*\*NOTICE\*\***

Any person who knowingly violates this section and obtains or provides information made confidential by this section is guilty of a misdemeanor and shall be fined no more than two thousand five hundred dollars (\$2,500.00). Second and subsequent offenses shall carry a penalty of imprisonment in the county jail for not more than thirty (30) days.

**MOTOR VEHICLE ACCIDENT REPORT AFFIDAVIT**

STATE OF OKLAHOMA )

)SS.

COUNTY OF OKLAHOMA )

I, \_\_\_\_\_, being duly sworn, do hereby swear or affirm, under penalty of perjury, that the motor vehicle or traffic accident report will not be examined, reproduced, or otherwise used in any way for commercial solicitation purposes, either directly or indirectly, and that I, in seeking to obtain this report, fall within one of the following categories as required by § 43-14.3:

1. person involved in the motor vehicle or traffic accident or the authorized representative of such person; or
2. news media; or
3. legal newspaper

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Affiant \_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_