



WEST FARGO POLICE DEPARTMENT

800 4th Avenue East, Suite 2

West Fargo, ND 58078

701-515-5500

701-515-5501 Fax

RECORDS DIVISION REQUEST FOR REPORT

1. REPORT INFORMATION

Date of incident: _____ Case #: _____

Time of incident: _____

Type of report (Burglary, Theft, Domestic, Accident, etc.) _____

Name of party(s) involved: (If you are requesting an accident report, please list drivers involved)

Location of incident: _____

2. REQUESTOR'S INFORMATION

Requestor's name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email request instead of paper copy Email:

Signature: Date:

For Accident Report Request Only:

- I affirm that the officer's narrative on an accident report is material to determination of liability. To obtain the officer's opinion, the requesting party must be: A party to the accident, a party's legal representative or an insurer of a party to the accident. Copies of Accident Reports shall not be admissible as evidence in any action for damages or criminal proceedings.

- I affirm that the officer's opinion is material to a determination of liability and that I am a:

Party to the accident Party's legal representative Insurer of a party to the accident

Fees for copies of reports are as follows:

Accident Report \$2 Motor Vehicle Crash Worksheet (Accident)
\$5 Crash Diagram & Officers Narrative (Accident)
(available to requestors noted in the box above)
\$7 for all Motor Vehicle Crash pages (Accident)

Criminal Report \$.25 per page

Mail Request with proper fee to: West Fargo Police Department
ATTN: Police Records
800 4th Avenue E., Suite 2
West Fargo, ND 58078