



# WEST FARGO POLICE DEPARTMENT

800 4th Avenue East, Suite 2  
West Fargo, ND 58078  
(701) 433-5500  
(701) 433-5508 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 the driver's 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 offer'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 \$2.00 Motor Vehicle Crash Worksheet (Accident)  
\$5.00 Crash Diagram & Officers Narrative (Accident)  
(available to requestor's noted in the box above)  
\$7.00 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 East, Ste 2  
West Fargo, ND 58078