



Request for Police Report

Records Division



Date of incident: _____ Time of incident: _____ Case Number: _____

Location of incident: _____

Officer's name and/or badge number: _____

Name of party involved: _____

Requester's name: _____

Requester's phone number: _____ email: _____

Requester's address: _____

Accident Report: Yes No Criminal Report: Yes No

Other Report: Yes No

Fees for copies of a police report are as follows:

Accident: \$7 for a full report-the requester must be party to the accident (i.e. the insurance agency or the individual involved. \$5 for the back page of the report-requester must be party to the accident. \$2 for the front-page of the report-if the requester is not a party to the accident some information is redacted.

Criminal or Other reports: There is a \$0.25 charge per page. If the report takes more than one hour to produce, an additional fee of \$25 per hour will be assessed to the requester.

I affirm that the officer's narrative on an accident report is material to determination of liability. Copies of accident reports shall not be admissible as evidence in any action for damages or criminal proceedings.

Signature of Requester:

Date:

Mail, fax or submit this form in person to:

105 25 St. N., Fargo, ND 58102

Fax: 701.241.8272