GILBERTOWN POLICE DEPARTMENT

ACCIDENT REPORT REQUEST FORM

Use this form to request an accident report through the Gilbertown Police Department records-request process. Submission of this form does not guarantee that a report is available or may be released.

Submission instructions: Submit in person to the Chief of Police or a designated official; leave with the Town Clerk for delivery to the Chief; mail to Gilbertown Police Department, Attn: Chief of Police, 40 Front Street, Gilbertown, Alabama 36908; or email gilbertownchief@outlook.com.

Fees: There are no processing fees at this time; however, the department reserves the right to charge reasonable fees for copying, reproduction, or postage as permitted by law.

Assistance: If you are unable to complete this form because of a disability, literacy, language barrier, or other limitation, department staff will provide assistance upon request.

REQUESTOR INFORMATION

Full name: _____

Organization, if applicable: _____

Mailing street address: _____

City / State / ZIP: _____ **Telephone:** _____

Email address: _____

CRASH INFORMATION

Date of crash: _____ **Approximate time:** _____

Location of crash: _____

Driver name(s), if known:

_____

Vehicle information, if known:

_____

Report or case number, if known: _____

REQUESTOR RELATIONSHIP TO CRASH — REQUIRED

☐ **Driver** ☐ **Vehicle owner/lienholder** ☐ **Passenger** ☐ **Parent/guardian of a minor involved**

☐ **Personal representative/heir of a deceased party** ☐ **Insurance representative** ☐ **Attorney of record**

> *Note: Under Alabama law (Ala. Code § 32-10-7), only requestors within the categories checked above are legally entitled to receive a copy of an accident report. If your relationship to the crash does not fall within one of these categories, the department cannot release this report to you.*

Documentation supporting your relationship to the crash (e.g., attorney bar number, insurance claim number, proof of relationship to a deceased party), if applicable:_____

_____

REQUESTED DELIVERY METHOD

☐ **Pick up at the department office** ☐ **Mail, if available** ☐ **Electronic copy, if available**

☐ **Other:** _____

ACKNOWLEDGMENT

I understand that this request is subject to department review and applicable law; only requestors within a category legally entitled to receive this report under Alabama law may receive it; the requested report may be unavailable, incomplete, restricted, or subject to redaction of names, addresses, or driver's license numbers; and submission of this request does not guarantee that a report will be released:

_____

I certify this request is accurate to my knowledge / Date: _____

Requestor signature: _____

FOR DEPARTMENT USE ONLY

Request number: _____ **Date/time received:** _____

Received by: _____

Report located: ☐ **Yes** ☐ **No**

Release reviewed by Chief of Police or designated official: _____

Assigned to: _____

Disposition: ☐ **Released** ☐ **Partially released/redacted** ☐ **Denied** ☐ **No report located** ☐ **Other**

Reason for denial (statutory basis), if applicable:_____

Notes:_____

_____

_____

_____