Request Date: 9-11-2020	Requestor Name:	Lucy Parsons Lab
Company/Agency Name:		
Address: 411A Highland Ave MR82725, S	omerville, MA 02144	
Phone: 6172991832	Email: 82725-24	378757@requests.muckrock.com
Date of Incident:	Γime of Incident:	County:
Location of Incident:		
Trooper Name:	Badge #:	Troop:
Individuals involved:		
Document(s) Requested:		
☐ Accident Investigation - Collision (No photos, statements, measurements, ve § 24A.)		reports, etc Pursuant to Open Records Act Title 51
☐ Arrest Report – Arrest Date:		
☐ CAD Report – Event Detail (dispat	ch report)	
☐ Driver/Vehicle Examination Repor	t	
☐ Emails/Correspondence		
□ Statistics		
X Other: Please see email		
Additional Details:		
Requestor Signature:		

Department of Public Safety Records Management - Open Records PO Box 11415 Oklahoma City OK 73136-0415



Department of Public Safety Records Management Division – Open Records Open Records Request

Form Instructions

Please complete all applicable portions of the Open Records Request Form.

Print and Mail the form to:

Department of Public Safety Records Management Division - Open Records PO Box 11415 Oklahoma City OK 73136-0415

All documents are redacted according to the Driver's Privacy Protection Act, 18 U.S.C. Sections 2721 through 2725 and the Oklahoma Open Records Act, 51 O.S. § 24A.1 et seq.

Once documents are available, an invoice will be mailed or e-mailed to the requestor's address provided on the Request Form. Documents will be released upon receipt of payment to DPS.

Fees:	Page	\$ 0.25
	Certified Document	\$ 3.00
	Collision Report (Redacted)	\$ 7.00
	Disc	\$ 25.00

To request Dash Cam and any other audio/video files, please submit the request separately on the Dash Cam Video Request Form. This form is located on our website at www.ok.gov/dps.