

THORNTON POLICE DEPARTMENT

Request for Criminal Justice Information

YOUR PRINTED NAME Samuel Sinyangwe		TODAY'S DATE 8-3-2020		CASE REPORT#/REFERENCE # (Leave blank if unknown)	
ADDRESS 411A Highland Ave MR97774		CITY Somerville	STATE MA	ZIP 02144	
HOME PHONE	WORK PHONE 6172991832	CELL PHONE	DATE OF BIRTH	EMPLOYEE #	
<input type="checkbox"/> TO BE FAXED <input type="checkbox"/> TO BE MAILED <input checked="" type="checkbox"/> TO BE E-MAILED (ENTER INFO BELOW IF BOX IS CHECKED)					
FAX#, ADDRESS OR E-Mail ADDRESS		CITY	STATE	ZIP	

SECTION 1	FOR EACH INCIDENT REPORT, PHOTO, DISPATCH CHRONOLOGY, 911 AUDIO/RADIO OR ADDRESS SEARCH REQUEST the research & redaction time is billed in accordance with City of Thornton Administrative Directive 3-6 (4.7a). See reverse bottom of this form. THE RESEARCH FEE FOR POTENTIAL EVENT CCTV FOOTAGE IS A NON-REFUNDABLE \$50.00				

TYPE OF REQUEST	<input checked="" type="checkbox"/> Report \$5 for 1 st 5 pages & 25¢ per additional page	<input type="checkbox"/> Photos \$15.00	<input type="checkbox"/> Address Search \$1.00 per page	Each Dispatch CD: \$50 deposit + \$10 material fee = \$60.00 each <input type="checkbox"/> 911 Audio CD <input type="checkbox"/> Radio Traffic CD <input type="checkbox"/> Dispatch Chronology \$1.00 per page
	<input type="checkbox"/> Report stored off-site retrieval additional charge of \$35.00 <input type="checkbox"/> Additional \$1.00 per page if Certified	<input type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> CCTV Surveillance \$50.00 non-refundable	
TYPE OF REPORT	<input type="checkbox"/> ARREST/CITATION <input type="checkbox"/> INCIDENT REPORT	<input type="checkbox"/> TRAFFIC ACCIDENT	<input type="checkbox"/> OTHER <i>please specify:</i>	
DATE OF INCIDENT: (Estimate if necessary)		TIME OF INCIDENT: (Estimate if necessary)		
LOCATION OF INCIDENT: (Estimate if necessary)				

SECTION 2	FOR CLEARANCE LETTER (THORNTON POLICE RECORDS BACKGROUND CHECK)	
FULL NAME	DATE OF BIRTH	
FULL NAME	DATE OF BIRTH	

SECTION 3	PECUNIARY GAIN AFFIRMATION
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PURSUANT TO C.R.S. 24-72-305.5. I UNDERSTAND THAT COLORADO LAW PROHIBITS ME FROM USING RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS AND THE INFORMATION IN SUCH RECORDS FOR THE PURPOSE OF SOLICITING BUSINESS FOR PECUNIARY GAIN.

I ALSO UNDERSTAND ANY BOOKING PHOTOGRAPHS OBTAINED WITH THE REQUEST WILL NOT BE PLACED IN A PUBLICATION OR POSTED TO A WEB SITE THAT REQUIRES THE PAYMENT OF A FEE OR OTHER EXCHANGE FOR PECUNIARY GAIN IN ORDER TO REMOVE OR DELETE THE BOOKING PHOTOGRAPH FROM THE PUBLICATION OR WEB SITE.

I HEREBY SWEAR AND AFFIRM THAT THE RECORDS I OBTAINED FROM THE THORNTON POLICE DEPARTMENT AS A RESULT OF THIS OPEN RECORDS REQUEST SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.

DATE 8-3-2020

SIGNATURE Samuel Sinyangwe

THORNTON POLICE DEPARTMENT

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SECTION 4	REQUEST FOR EACH DISPATCH CHRONOLOGY OR RECORDING	
TYPE OF REQUEST:	<input type="checkbox"/> 911 (AUDIO) (180 Day retention from incident date) <input type="checkbox"/> Radio Traffic (AUDIO) (180 Day retention from incident date) <input type="checkbox"/> Dispatch Chronology (Events prior to 03/02/2009 may be obtained from Adams County Communications Center (ADCOMM)) <input type="checkbox"/> CCTV Surveillance (180 Day Internal/60 Day External Recording Retention) NOTE: Not all areas of the department are under video/audio surveillance. There is <i>no guarantee</i> that an event has been recorded.	
For Each Incident - Dispatch CD \$50 Non-Refundable Deposit plus \$10 Material Fee = \$60.00		
EVENT NUMBER		
CASE NUMBER		
DATE OF INCIDENT		
TIME OF INCIDENT		
TYPE OF INCIDENT		
EVENT LOCATION		
PRIMARY OFFICER		
REDACTIONS REQUESTED	<input type="checkbox"/> NO REDACTION REQUIRED <input type="checkbox"/> REDACTION REQUIRED <input type="checkbox"/> UNABLE TO RELEASE	
CCTV Surveillance Requests Only		
CAMERA LOCATION	<input type="checkbox"/> LOBBY <input type="checkbox"/> FRONT PARKING LOT	
INVOLVED PARTY/VEHICLE DESCRIPTION	PROVIDE A <u>DETAILED DESCRIPTION</u> SO WE CAN LOCATE THE APPROPRIATE PARTIES AND VEHICLES INVOLVED IN THE VIDEO	
PURPOSE OF VIDEO REQUEST	<input type="checkbox"/> CHILD EXCHANGE <input type="checkbox"/> OTHER: _____	DESCRIBE THE INCIDENT WITH SPECIFIC DETAILS REGARDING WHAT YOU ARE TRYING TO CAPTURE IN THE VIDEO. INCLUDE PRECISE LOCATION OF THE AREA YOU WANT A VIDEO OF (I.E. SIDEWALK, PARKING LOT, FRONT DOOR OR LOBBY SEATING)
POLICE RECORDS UNIT RECEIVED REQUEST	NAME:	DATE & TIME
CIRCLE SENT TO: COMM CENTER / EVIDENCE / RADIO VIDEO TECH / PROFESSIONAL STANDARDS CMDR	NAME:	DATE & TIME
COMM CENTER RECEIVED REQUEST	NAME:	DATE & TIME
COMM CENTER RETURNED TO POLICE RECORDS UNIT MAILBOX/INBOX	NAME:	DATE & TIME
RADIO VIDEO TECH COMPLETION & NOTES GIVEN TO PROFESSIONAL STANDARDS CMDR	NAME:	DATE & TIME
PROFESSIONAL STANDARDS CMDR REVIEW	NAME:	DATE & TIME

Administrative Directive 3-6

4.7 a) Any records request that can be produced in an hour or less shall not include a charge. Research and retrieval time beyond one hour shall be charged at a rate of \$33.58 per hour in accordance with CORA. In addition, requestors shall be charged the actual costs for printed copies or hardware supplied by the City such as USB drives.

4.7 d) For a Records request that requires a time/cost estimate, any records request that will take more than five hours requires a 20 percent deposit prior to any additional research and retrieval. Work on any records request that will take more than five hours shall not commence until a deposit is received.