



Wenatchee Police Department
140 S Mission St., Wenatchee, WA 98801
Records division (509) 888-4200
Fax (509) 888-4219

****for WPD use only****
DS# _____
Date completed: _____

Accident/Collision Report Request

**Per Wenatchee City Code 1.99.080 there is a fee of \$10.00 per report
additional fees may apply for photos, digital media, electronic files and postage**

Name: _____ DOB: _____
Phone: _____
Mailing
address: _____

Briefly describe the information to be disclosed by the Wenatchee Police Department. Include as much information as you have available to help us narrow our search. (names, case number, date and time, location and type of report)

What is the purpose for the request of this information? Example: court, insurance, etc.
(voluntary): _____

Signature: _____ Date _____

How would you like to receive your response? (please print clearly)

- Mail: _____
- Email: _____
- Call for pickup: _____
- Other: _____

Please fill out page 2 if you are an interested party in the accident to receive an un-redacted copy of the report.

**ACCIDENT REPORT
CERTIFICATION OF INTERESTED PARTY**

I, _____, am requesting a copy of an accident report.
Print Name

(1) I certify that I am an interested party, pursuant to RCW 46.52.080, because I am (check all boxes that apply):

- A driver involved in the accident.
- A legal guardian of a driver involved in the accident.
- A parent of a minor driver involved in the accident.
- A person injured in the accident.
- An owner of a vehicle or property damaged in the accident.
- Authorized representative of one of the above interested parties.
- Attorney or insurer of one of the above interested parties.

(2) If the undersigned certifies that he/she is an “interested party” under paragraph (1) above, then the undersigned authorizes the City of Wenatchee (“City”) to rely upon the certification and agrees to indemnify, defend and hold the City harmless, including the City’s officers, directors and employees, from and against any and all claims, demands, actions, suits or any cause of action whatsoever related to or arising out of the City disclosing the accident report(s) to the undersigned, including, but not limited to, any liability for damages, loss, cost, or expense, including attorney’s fees.

(3) If the undersigned fails to certify that he/she is an “interested party” under paragraph (1) above, then the undersigned agrees that the City may provide the undersigned with a redacted copy of the accident report(s). The redactions made shall be based upon state and/or federal law.

By signing, I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATED this _____ day of _____, 20_____, at

_____, _____
County Where Signed State Where Signed

Signature

Wenatchee Police Department completes the following:

Date Received Certification of Interested Party:	
Date Disclosed Accident Report(s):	
WPD DL #'s of Accident Report(s) Disclosed:	