



**OFFICIAL [PUBLIC]**  
**Occurrence Case Management Team**

## REQUEST FOR GENERAL INFORMATION – NOT RTC

Please use this form if you wish to have third party information related to Non Road Traffic Collisions released to you. Completed forms should be submitted to "Urban Region OCMT, PSNI, 18 Lislea Drive, Belfast BT9 7JG. Payments should be made payable to 'Police Service of Northern Ireland'.

**Please TICK as appropriate and complete the form in BLOCK CAPITALS using BLACK INK.**  
 See fees list for costs and additional information types.

<b>Your Reference:</b> _____	<b>C&amp;C Occurrence No:</b> _____ Note a search fee is applicable if details are not supplied
You must provide sufficient information to ensure PSNI can be satisfied that there is a <b>lawful basis</b> for disclosure.	
Civil Proceedings <input type="checkbox"/>	Criminal Proceedings <input type="checkbox"/>
Details of lawful purpose: _____	<b>OFFICIAL USE</b>  Cheque Number: _____
Have you previously applied for or had a previous request for this information declined?	
NO <input type="checkbox"/>	YES <input type="checkbox"/>
Details: _____	Amount: _____
<b>YOUR DETAILS (as requesting Party) *Mandatory Fields</b>	
*Name: _____	
*Address _____	*Postcode: _____
Telephone No: _____	Email: _____
I confirm I am acting on behalf of the person(s) whom this information concerns and I have their express permission to obtain it.	
NO <input type="checkbox"/>	YES <input type="checkbox"/>
<b>CLIENT DETAILS</b>	
*Name: _____	*DOB: _____
*Address _____	*Postcode: _____
*Telephone No: _____	Email: _____

**OFFICIAL [PUBLIC]**

**INCIDENT SUMMARY DETAILS – (Date/Time/Location)**

Example: Assault 01/01/01 – 07:00 hrs – Junction of Lisburn Road/Tates Avenue

Incident: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

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**Please Tick the box applicable to your requested information: Please note that this information may not be readily available.**

1. Photographs                       2. DVDs/CCTV                       3. Clients Statement
4. Custody Tape                       Station: \_\_\_\_\_ Date: \_\_\_\_\_
5. Domestic Abuse Report                       Name of alleged offender: \_\_\_\_\_

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6. Other                       Please detail. \_\_\_\_\_

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*If the information is being requested in reliance of s.15(2) of the Data Protection Act 2018, I confirm that the disclosure is necessary in connection with legal proceedings (including prospective proceedings), for the obtaining of legal advice or for establishing, exercising or defending legal rights. I further confirm that this information, if released, will be processed by me in accordance with my obligations under the Data Protection Act 2018. It will be handled securely and only be processed for the specific purpose for which it was requested.*

*I will not supply copies inclusive of the original to any other party except:*

- 1. A legal representative instructed on my behalf.*
- 2. An expert witness instructed by myself or a Court.*
- 3. In furtherance of and in compliance with an order of the Court related to this matter.*

*I am unaware of any further (previous or ongoing request) for this information that has been declined or being considered by the Police Service of Northern Ireland that is related to this matter.*

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**SIGN DECLARATION BELOW**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information I have supplied above is to the best of my knowledge true and accurate and required for the lawful purpose as marked above.