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| **OFFICIAL [PUBLIC]** |
| **Occurrence Case Management Team****REQUEST FOR DETAILS OF ROAD TRAFFIC COLLISION INCIDENT** |
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| Please use this form if you wish to have third party information related to a Road Traffic Collision 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. |
|  |
| **Your Reference:** |       | **C&C Occurrence No:** |       |
|  |  | 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 **lawful basis** for disclosure. | **OFFICIAL USE** |
|  |  |
| Civil Proceedings [ ]  | Criminal Proceedings [ ]  | Cheque Number: |
|  |  |
| Details of lawful purpose:      |       |
|  |
|  |  |
| Have you previously applied for or had a previous request for this information declined? | Amount: |
|  |  |
| NO [ ]  | YES [ ]  |  |       |
|  |  |
| Details: |       |  |
|  |
| **YOUR DETAILS** (as requesting Party) \*Mandatory Fields |
|  |
| \*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 [ ]  | YES [ ]  |  |  |
|  |
| **CLIENT DETAILS** |
| \*Name: |       | \*DOB: |       |
|  |
| \*Address |       | \*Postcode: |       |
|  |
| \*Telephone No: |       |  |

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| **INCIDENT SUMMARY DETAILS** – (Date/Time/Location)Example: RTC 01/01/01 – 07:00 hrs – Junction of Lisburn Road/Tates Avenue |
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| Incident: |       | Date: |       | Time: |       |
|  |
| Location: |       |
|  |
| **Clients Involvement:** |
|  |
| Driver [ ]  | Passenger [ ]  | Vehicle Owner [ ]  | Pedestrian [ ]  |
|  |
| Clients Vehicle: Registration Number: |       |
|  |
| Make: |       | Model: |       |
|  |
| **Details of other persons involved in this incident (as known to you):** |
|  |
| Driver [ ]  | Passenger [ ]  | Vehicle Owner [ ]  | Pedestrian [ ]  |
|  |
| Name: |       |
|  |
| Address: |       |
|  |
| Clients Vehicle: Registration Number: |       |
|  |
| Make: |       | Model: |       |
|  |
| **Please Tick the box applicable to your requested information:** |
|  |
| Copy of Traffic Collision Report [ ]  | Limited Particulars Report [ ]  | Fatal RTC Investigation Report [ ]  |
|  |
| Fatal Reconstruction Video [ ]  | Copy of Police Vehicle Examination Report [ ]  |
|  |
| Copy of Collision Reconstruction Report [ ]  | Copy of Scale Plan [ ]  | Witness Statements [ ]  |
|  |
| Other [ ]  |       |
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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.*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.* |
|  |
| **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. |