



OFFICIAL [PUBLIC]
Occurrence Case Management Team

REQUEST FOR DETAILS OF ROAD TRAFFIC COLLISION INCIDENT

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.	
Civil Proceedings <input type="checkbox"/>	Criminal Proceedings <input type="checkbox"/>
Details of lawful purpose: _____	OFFICIAL USE 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: _____
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 <input type="checkbox"/>	
YES <input type="checkbox"/>	
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

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 _____

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.