



NEW JERSEY STATE PARK POLICE
RECORDS REQUEST FORM

SOP 4.22
 ANNEX B

PROCEDURES FOR OBTAINING COPIES OF STATE PARK POLICE REPORTS

I. ACCIDENT REPORTS, NON-CRIMINAL INCIDENT REPORTS

A. For copies of the above reports submit your written request to:

1.	US MAIL	2.	EMAIL	3.	FAX
	New Jersey State Park Police Records Bureau 501 East State Street Mail Code 501-04 PO Box 420 Trenton, New Jersey, 08625-0420		stateparkpolice@dep.nj.gov		<u>609-633-7594</u> ATTN: Christina Samayoa Records Bureau

1. Complete lower portion of this form and an invoice will be sent with the requested document(s).
2. Payment will only be accepted by certified check, business check or money order made payable to **Treasurer, State of New Jersey**.
3. FEES
 - i. COPY FEES: (POSTAGE NOT INCLUDED)

Letter size	\$0.05 per page
Legal size.	\$0.07 per page

ii. POSTAGE FEES:

Pages 1 to 6	\$0.45	Pages 13 to 17.	\$0.90
Pages 7 to 12	\$0.69	Pages 18 to 20.	\$1.14

iii. MOTOR VEHICLE ACCIDENT REPORT:

Accident Report	\$5.00 (Postage Included)
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REPORT REQUEST INFORMATION

To obtain copies of State Park Police motor vehicle accident reports or incident reports this form must be completed and returned to the APPROPRIATE AUTHORITY INDICATED ABOVE. Please provide the necessary information in this section. **DO NOT SEND CASH.** Reports subject to the discovery process will not be released. Instead, those requests must be in writing and forwarded directly to the appropriate municipal/county prosecutor. This form is used to facilitate your request for the reports listed below.

Requesting Party/Authority: _____

Address: _____

Telephone Number: (_____) _____ Location of Incident: _____

IF KNOWN, CHECK TYPE OF REPORT REQUESTED

- | | |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Accident Report _____ (File #) | <input type="checkbox"/> Incident Report _____ (File #) |
| <input type="checkbox"/> Drinking-Driving Report _____ (File #) | <input type="checkbox"/> Accidental Injury/Death _____ (File #) |
| <input type="checkbox"/> Other – Explain: _____ | |

NOTE: REPORTS WILL NOT BE AVAILABLE TO ANYONE APPLYING IN PERSON. THIS FORM MUST BE COMPLETED AND FORWARDED BY MAIL OR EMAIL .