

**Newport Police Department  
Request for Release of Records**

TODAY'S DATE: \_\_\_\_\_ REPORT/CASE #: \_\_\_\_\_

REQUESTING COPIES

REQUESTING VIEWING

NOTE: We will respond within five (5) business days of your request. We will acknowledge confirmation of receipt of your request, as well as provide a time estimate for completion. If clarification is needed or questions arise concerning your request, you will be notified accordingly. Reports are subject to copying fees (see posted fees), and are released pursuant to public records dissemination statutes, including RCW 10.97, 13.50, 42.56 and 46.52.

TYPE OF REPORT/DOCUMENTS REQUESTED

INCIDENT TYPE: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

OTHER DOCUMENTS REQUESTED: \_\_\_\_\_

COLLISION REPORTS ARE AVAILABLE FROM: <http://www.wsp.wa.gov/publications/collision.htm>

BODY-WORN CAMERA FOOTAGE REQUESTED

**NOTE: IF YOU ARE REQUESTING BODY-WORN CAMERA VIDEO, YOU MUST ALSO COMPLETE THE ATTACHED FORM AND PROVIDE ALL REQUESTED INFORMATION. NEWPORT PD WILL NOT RELEASE BODY-WORN CAMERA VIDEO UNLESS A FULLY COMPLETED FORM HAS BEEN SUBMITTED BY THE REQUESTOR.**

EXACT STREET ADDRESS OF INCIDENT: \_\_\_\_\_

NAMES OF INVOLVED PEOPLE

NAME: LAST, FIRST MIDDLE (ALIAS)	RACE	SEX	DOB/AGE
NAME: LAST, FIRST MIDDLE (ALIAS)	RACE	SEX	DOB/AGE

\*CLIENT YOU REPRESENT (FOR ATTORNEY/INSURANCE USE ONLY)  
\_\_\_\_\_

E-MAIL ADDRESS  
\_\_\_\_\_

REQUESTED BY (Please Print):  
\_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I understand that Washington State law (RCW 42.56) prohibits the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use this Request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of the information I am obtaining.

REQUESTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 VICTIM    SUSPECT    INSURANCE COMPANY    ATTORNEY    UNINVOLVED    OTHER \_\_\_\_\_

**INFORMATION BELOW FOR RECORDS USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE**

REPORT DELETIONS MADE PURSUANT TO:    RCW 42.56.050    RCW 42.56.230    RCW 42.56.240  
 RCW 10.97    RCW 46.52    RCW 13.50    RCW 70.48.100    RCW 46.12.635    RCW 68.50.105  
 RCW 70.02.005 and HIPAA (45 CFR 164.502)    NO DELETIONS    Other: \_\_\_\_\_

CLARIFIED REQUEST WITH:	DATE:	FEE QUOTE:	# OF PAGES:	BY EMPLOYEE:
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5-DAY LETTER:	LOGGED:	LEGAL CHECK:
INITIAL / DATE	INITIAL / DATE	INITIAL / DATE

REDACTED:	FEE DUE LETTER:	PAYMENT RECEIVED:
INITIAL / DATE	INITIAL / DATE	INITIAL / DATE

**Newport Police Department**  
**Request for Body-Worn Camera Video**  
RCW 42.56.240(14), RCW 42.56.120

Date \_\_\_\_\_ Requestor Name \_\_\_\_\_

*[Name is required to determine whether requestor is a person entitled to obtain body worn camera recordings; RCW 42.56.240(14)(e)(iii)]*

**Video/Incident Information (RCW) 42.56.240(14)(d)]**

Provide as much information as you know about the incident so that we can locate the relevant video(s). You must provide at least one of the following:

- Name of person(s) involved in the incident \_\_\_\_\_
- Case number \_\_\_\_\_
- Date, time and location of the incident \_\_\_\_\_
- Name or ID# of Newport Police Officer(s) involved in the incident \_\_\_\_\_

**Video Redaction Fee Waiver [RCW 42.56.240(14)(e)]**

I am exempt from payment of the video redaction costs because:

- I was directly involved in the recorded incident.
- I am an attorney for a person directly involved in the recorded incident.
- I am the subject of a criminal case, and the recording is relevant to my case.
- I am an attorney for a person who is the subject of a criminal case, and the recording is relevant to the case.
- I am the Executive Director of the [circle one]: Washington State Commission on (a) African American Affairs, (b) Asian Pacific American Affairs, (c) Hispanic Affairs.
- I am an attorney who represents a person regarding a civil cause of action involving the denial of civil rights under the federal or state constitution, or a violation of a United States Department of Justice settlement agreement.

Explanation of the relevancy of the video:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any requestor who is not exempt from payment of the video redaction costs may be charged for the costs of redaction, including an hourly fee for the time necessary to redact any exempt images in the video.**

**\*\*I certify that the information provided above is true and accurate.\*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Video Delivery Method**

- I would like to be provided with an electronic file if possible. My email address is: \_\_\_\_\_
- I would like to be provided the video(s) on a DVD and will pay \$5 per DVD, plus applicable redaction fee(s).

Send records/correspondence to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_