



Email Form

Print Form

OAKLAND POLICE DEPARTMENT

Public Records Request Form

TF-3281 (Aug 12)

Use a separate form for each request.

REQUESTOR: PLEASE COMPLETE PART 1 & 2

PART 1 - REQUESTOR INFORMATION

Request Received By Enter Serial No.		Date of Receipt, if different	
Name of Requestor - Last/First Name Boiko-Weyrauch, Anna		Email Address aboikow@gmail.com	Date of Request 5-12-17
Agency/Company The Trace		Contact Number 303-214-8087	
Address 1110 E. Harrison St. Apt 303		<input type="checkbox"/> Oakland/City Seattle, WA	Zip Code 98102
		Alternate Contact Number	

PART 2 - DOCUMENT / INFORMATION REQUESTED (Requestor to check all boxes that apply and enter all known information)

INFORMATION TYPE			
<input type="checkbox"/> Offense Report	Recording:	<input type="checkbox"/> Video	<input type="checkbox"/> Audio
<input type="checkbox"/> Crime	<input type="checkbox"/> Traffic Accident	<input type="checkbox"/> Traffic Enforcement Incident	<input type="checkbox"/> In-Car Video
<input type="checkbox"/> Department Publication	<input type="checkbox"/> Complaint	<input type="checkbox"/> Employment Contract (MOU)	<input type="checkbox"/> CAD Purge
<input type="checkbox"/> Training Record			
<input checked="" type="checkbox"/> Other: <u>Data</u>			
KNOWN INFORMATION			
Report / Citation Number (if known)	Date of Report/Incident	Time of Incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Location of Incident		Name of Involved Party	
Vehicle Information	License No.	VIN Number	Make
			Model
Describe request. (Be as specific as possible)			
I request data in Excel or Comma-Separated Value format of each homicide recorded by your department between January 1, 2010 and the present. Please include the following fields of information for each incident:			
-Police report number/incident number			
-Date and time			
-Location			
-Weapon used/manner of death (such as gunshot, blunt force trauma, etc.)			
-Age, race, gender of the victim			
-Age, race, gender of the suspect (if applicable)			
Thank you!			

PART 3 - FOR RECORDS DIVISION USE ONLY

Request Received Via	Custodian of Record Assigned	PRRC Log Number	Response Due Date
<input type="checkbox"/> Drop-off <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____	Enter Organizational Unit	21044	Enter 10 Days From Date of Request Receipt 5/22/17

PART 4 - CUSTODIAN OF RECORD USE ONLY

Release Approved By	Notification of Determination	Anticipated Completion Date	Actual Date Completed
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Enter Serial No.	<input type="checkbox"/> PRRC <input type="checkbox"/> Requestor	Date
Extension Needed - Reason		Extension Approved By	New Anticipated Completion Date
<input type="checkbox"/> Outside Facility <input type="checkbox"/> Volume of Search <input type="checkbox"/> Consultation Needed <input type="checkbox"/> Programming Required		Enter Serial No.	Enter a Reasonable Timeline
			Actual Date Completed

PART 5 - FEE DETERMINATION AND COLLECTION - Complete if fees are to be collected by the Records Division

Copy Fee:	Number of Copies:	_____ X \$0.05/page	= \$
Authorized Flat Rate Fee:			= \$
Research Time Fee (Subpoenas Only):	Number of Hours:	_____ @ \$24.00/hour	= \$
TOTAL COST			\$
Date Requestor Notified	Enter Date Notified	<input type="checkbox"/> Picked up <input type="checkbox"/> Mailed <input type="checkbox"/> Other (Describe): _____	Destruction Date Enter Date Requested File Destroyed
Signature of Person Picking up Request or Name of Person Mailing or Other		X	Date

White Copy to Records Division

Yellow Copy to Custodian of Record

Pink Copy to Requestor