



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

Request Received By: Enter Serial No. Date of Receipt, if different
PART 1 - REQUESTOR INFORMATION
Name of Requestor - Last/First Name: Boiko-Weyrauch, Anna
Email Address: aboikow@gmail.com
Date of Request: 5-12-17
Contact Number: 303-214-8087
Agency/Company: The Trace
Alternate Contact Number:
Address: 1110 E. Harrison St. Apt 303
City: Seattle, WA
Zip Code: 98102

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

INFORMATION TYPE
Offense Report, Crime, Department Publication, Recording: Video, Audio, In-Car Video, CAD Purge, Traffic Accident, Traffic Enforcement Incident, Training Record, Employment Contract (MOU), Other: Data
KNOWN INFORMATION
Report / Citation Number (if known), Date of Report/Incident, Time of Incident (a.m./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: Drop-off, Mail, Other:
Custodian of Record Assigned: Enter Organizational Unit
PRRC Log Number: 21044
Response Due Date: Enter 10 Days From Date of Request Receipt: 5/22/17

PART 4 - CUSTODIAN OF RECORD USE ONLY

Release Approved By: Approved, Denied
Notification of Determination: PRRC, Requestor
Anticipated Completion Date: Enter a Reasonable Timeline
Actual Date Completed
Extension Needed - Reason: Outside Facility, Volume of Search, Consultation Needed, Programming Required
Extension Approved By: Enter Serial No.
New Anticipated Completion Date: 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
Picked up, Mailed, 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