

Woodland Park Police Department

Traffic Accident Report Request

PLEASE PRINT CLEARLY TO AVOID ANY DELAYS IN PROCESSING YOUR REQUEST

Please note that Woodland Park Police Department only maintains traffic accident from the year 2002 through the present. Additionally, accidents that are "cold reported" (*traffic accident reports that are filled out by citizens as opposed to an officer*) are not maintained by the Woodland Park Police Department. If you need a copy of a traffic accident report and it is older than 2002 or is a "cold report", please contact the Colorado Department of Motor Vehicles at [303-205-5793](tel:303-205-5793). You may also check the Colorado State website at www.colorado.gov for the current Fee Schedule to determine the cost of obtaining a copy of the accident report, and to download the necessary request forms.

COST

The minimum fee is \$10.00. If the report is more than five (5) pages in length, you may be charged an additional \$0.30 per page. If there are additional fees, you will be contacted by WPPD Records Division personnel. For any questions concerning costs, please consult the published Schedule of Fees available at www.city-woodlandpark.org or contact the Records Section at 719-687-9262. We accept money orders and personal checks. Please do not enclose cash. Make checks payable to "City of Woodland Park".

REQUEST INFORMATION

Primary Search Information		Additional Search Information	
Report Number		Date of Accident	
Driver's Name		Time of Accident	
Date of Request		Location of Accident	
Time of Request		Name of Driver	DOB:
IMPORTANT – PLEASE READ If you do not know the accident report number, please provide as much Alternate Search Information as possible. This will aid the Records Release Personnel in locating your requested information.		Name of Driver	DOB:
		Name of Pedestrian	DOB:
		Other	

MAILING INFORMATION

Address You Want the Report Mailed To:	Please Mail Completed Form To:
Name	Woodland Park Police Department Attn. Records Department PO Box 7255 Woodland Park, CO 80863
Address	
City, State, Zip	
Phone	
Email	

I will pick up my request in person

I would like my report mailed to me

I would like my report emailed to me

AFFIRMATION AND CERTIFICATION

In the Area Above – Please include any other details you believe may help to locate your report.

I hereby certify by affixing my legal signature to this form that any records I obtain as part of this request are for my personal use only and are used only to help me adequately protect myself and/or my family. I further affirm that I will not use any information obtained from this request to inflict retribution, harass, endanger, intimidate, threaten, or otherwise further punish those persons listed in the report under penalty of law.

I hereby verify by affixing my legal signature to this form that any record(s) I obtain will not be used for direct solicitation of any business for pecuniary (financial) gain pursuant to Colorado Revised Statute 24-72-305.5.

Signature	Printed Name	Date