

**BIXBY POLICE DEPARTMENT**  
**REQUEST FOR TRAFFIC COLLISION REPORT**

Party Involved in Collision: \_\_\_\_\_ Accident # \_\_\_\_\_

Accident Date: \_\_\_\_\_ Accident Location \_\_\_\_\_

**Person Requesting Report**

Person Requesting Report: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Fax# \_\_\_\_\_

Check One: Mail \_\_\_\_\_ Fax \_\_\_\_\_ Pick-up \_\_\_\_\_

I am requesting this collision report as: (check one)

\_\_\_\_\_ The involved party as listed above

\_\_\_\_\_ Legal Representative or agent of above listed involved party

\_\_\_\_\_ An insurer, agent, or potential agent of the above listed involved party

\_\_\_\_\_ Road or Highway Maintenance Agency. Name of Agency: \_\_\_\_\_

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

I, the undersigned, hereby stat under Oklahoma Statute Title 47, Section 40-102, this report will not be examined, reproduced or otherwise used for commercial solicitation purposes. It shall be unlawful and constitute a misdemeanor for any person to obtain or use information from a collision report or copy thereof for the purpose of making a commercial solicitation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Released by: \_\_\_\_\_ Date \_\_\_\_\_

Cost: \_\_\_\_\_ Paid \_\_\_\_\_