

City of Red Bank

Motor Vehicle Traffic Accident Report Request Form Personally Identifying Information Un-redacted

**Please show Photo ID issued by governmental entity including requestors' address (example: driver's license). List form of identification provided:*

(PLEASE PRINT ON THIS FORM)

***Today's Date:** _____

Requestor Information

***Full Name:** _____

(First and Last Name)

***Mailing Address:** _____

(No P.O. Box)

***City, State, Zip Code:** _____

***Email Address (*):** _____

***Telephone or Cell Number:** _____

***Driver License Number and State:** _____

***Date of Birth:** _____

***Are you one of the following:** _____

(Driver, Passenger, Insurer, Legal Representative)

***I agree that I will abide by the following language:**

It is a Class A misdemeanor for any person to knowingly use the report or information contained in the report for solicitation that is prohibited by a standard of conduct or practice of any profession licensed by the state. X

Signature of Person Making Request

***Report Number or Tracking Number(s):** _____

(Example - Tracking Number #16-012345)

***Report Date:** _____

***Location:** _____

(Business or Street Name)

***Victim(s) Name & Date of Birth:** _____

***Suspect(s) Name & Date of Birth:** _____

***Property Address:** _____

(For Inspection Reports Only)

***Preferred Method to Receive Records:** _____

**Please complete all information on this form, sign and submit to the Records Custodian at
3117 Dayton Blvd., Chattanooga, Tennessee 37415**

*****Charges for producing copies of Public Records are .15¢ (black and white copies) and .50¢ (color copies) per page.**