|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EPS_crest_2008_colour (size 300) | **EDMONTON POLICE SERVICE**  **CORRESPONDENCE UNIT**  **INSURANCE / PROPERTY DAMAGE /**  **COLLISION REQUEST FORM** | | | | | EPS Occurrence Number | | | |
| Your Policy / Claim / File No. | | | |
| Date | | | |
| Year | | Month | Day |
|  | | | |
| Personal information on this form will be collected and shared for the purposes outlined in Sections 37 to 41 of the *Freedom of Information and Protection of Privacy (FOIPP) Act* and other legal requirements where they are consistent with the *FOIPP Act*. Questions regarding the collection of information can be directed to the FOIPP Unit at 780-421-3346. For general enquiries and questions related to obtaining a police report, please visit our website at [www.edmontonpolice.ca](http://www.edmontonpolice.ca) or contact the Correspondence Unit via email at [routinedisclosure@edmontonpolice.ca](mailto:routinedisclosure@edmontonpolice.ca) or by calling 780-421-2715. **Applicable Fee: $52.50 per file ($50.00 + GST)** | | | | | | | | | |
| Insurance Company / Law Firm / Other | | | | Name of Your Insured / Client | | | | | |
|  | | | |  | | | | | |
| Address | | | | Adjuster’s Name | | | Direct Phone Number | | |
|  | | | | Email Address | | | | | |
|  | | | | | | | | | |
| **Motor Vehicle Collision** | | | | | | | | | |
| Date of Collision | | Time | Location of Collision | | | | | | |
| ***Vehicle No. 1*** | | | | ***Vehicle No. 2*** | | | | | |
| Driver’s Name | | | | Driver’s Name | | | | | |
| Driver’s Address | | | | Driver’s Address | | | | | |
| Owner’s Name | | | | Owner’s Name | | | | | |
| Owner’s Address | | | | Owner’s Address | | | | | |
| If your Insured / Client was a passenger, provide the name and address of the driver: | | | | | | | | | |
| Name | | | | Address | | | | | |
| Reason for Request (please be specific): | | | | | | | | | |
|  | | | | | | | | | |
| **Other Occurrence** | | | | | | | | | |
| Type of Occurrence | | | | Location of Occurrence | | | | | |
| Date of Occurrence | | Time | Business / Client / Insured | | Reporter | | | | |
| Reason for Request (please be specific): | | | | | | | | | |
| **Please include the following with your request:**   * **CONSENT from your Client / Insured** (must be dated within three (3) months of your request) * The **PROCESSING FEE of $52.50 per file**, made payable to The City of Edmonton (\*personal cheques *not* accepted)   \*\*An ADDITIONAL SEARCH FEE of $26.25 may be applied if an EPS Occurrence number is not provided on the initial request\*\* | | | | | | | | | |