

Lester Prairie Police Department
37 Juniper Street North; PO Box 66
Lester Prairie, MN 55354
320-395-2646



RECORDS DIVISION REQUEST FOR REPORT

1. REPORT INFORMATION

Date of Incident: _____ Case: _____

Time of Incident: _____

Type of Report: (Burglary, Theft, Domestic, Accident, etc.) _____

Name of Party(s) Involved: (If you are requesting an accident report, please list the drivers involved) _____

Location of Incident: _____

2. REQUESTOR'S INFORMATION

Requestor's Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Signature: _____ **Date:** _____

For Accident Report Request Only:

*I affirm that the officer's narrative on an accident report is material to determination of liability. To obtain the officer's opinion, the requesting party must be: A party to the accident, a party's legal representative or an insurer of a party to the accident. Copies of Accident Reports shall not be admissible as evidence in any action for damages or criminal proceedings.

*I affirm that the officer's opinion is material to a determination of liability and that I am a (check one)

☐ Party to the accident ☐ Party's legal representative ☐ Insurer of a party to the accident

Fees for copies are as follows:

Police Reports \$4.00

Squad Car Video \$40.00

CD voice recordings \$20.00

Mail Request with proper fee to:

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