



**Waterloo Regional
Police Service**
"People Helping People"

Request to Interview Motor Vehicle Collision Investigator

Please PRINT

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Please complete and FAX to 519 650 1793 or call 519-653-7700 ext. 8856 / 8857 / 8792 for more information.

PART A – PERSON OR BUSINESS MAKING REQUEST

Requested By					
Business or Firm					
Billing Address	Number/Unit	Street	City	Province	Postal Code
E-mail					
Contact Telephone Number	Fax Number		Your Reference File #:		

PART B – INTERVIEW INFORMATION

Anticipated Length of Interview: _____ Hours (Minimum charge 1 hour, maximum 3 hours per session)	Reason for Request
Officer's Name, Badge Number and/or Division	
Police Occurrence Number	Date of Incident (YY/MM/DD)
Type of Incident	
Location of Incident	
Name of Involved Person(s) and Date of Birth (if known)	
<p>In accordance with the Municipal Freedom of Information and Protection of Privacy Act, no third party information will be released during an interview unless prior written consent is provided in advance. If the matter involves charges against a Young Person strict limitations may exist on the information that can be provided per the Youth Criminal Justice Act.</p>	
Signed this date _____, 200__	Signature of Requester _____

PART C - FOR POLICE USE ONLY (BOOKING INTERVIEW)

Interview Type <input type="checkbox"/> Reconstruction <input type="checkbox"/> Collision	Officer to be Interviewed
Confirmed Interview Details:	Date (YY/MM/DD):
Location:	Start Time:
	<input type="checkbox"/> Date confirmed with requestor <input type="checkbox"/> Date confirmed with officer <input type="checkbox"/> Supervisor Initials:

PART D - FOR POLICE USE ONLY (BILLING)

Actual Interview Date:	Start Time:	End Time:
Total Time:	Requester's Initials:	Officer's Initials:
		Finance Received:
(Forward to Finance when completed)		