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|  | OHIO DEPARTMENT OF PUBLIC SAFETY  OHIO STATE HIGHWAY PATROL  **REQUEST FOR RECORDS** | | | | |  |
| This form must be completed by the applicable party requesting unredacted copies of records kept by the Ohio Department of Public Safety (ODPS) and the Ohio State Highway Patrol (OSHP) pursuant to the applicable Ohio Revised Code (R.C.) section.  ODPS will not provide the requested information to any person submitting an incomplete form. ODPS is not obligated to transmit records it does not have in its custody.  **SELECT THE RECORDS YOU ARE REQUESTING:**  School Vehicle Traffic Crash Report (R.C. 149.436)  Pursuant to R.C. 149.43(A)(1)(gg), the personal information of individuals who are less than eighteen years of age that are included in any record related to a traffic accident involving a school vehicle in which the individual was an occupant at the time of the accident is not a public record and exempt from disclosure. However, in accordance with R.C. 149.436, a parent or guardian may use this form to request personal information contained in the traffic incident records. If requesting information on more than one person, the requestor will need to submit multiple forms. If the requestor is a legal guardian, a certified copy of the court entry appointing the requestor as the legal guardian must be attached to this form.  Unredacted Victim’s Rights Request Form (R.C. 2930.04(C)(2))  In accordance with R.C. 2930.04(C)(2), a victim or the victim’s representative shall be provided a copy of the unredacted victim’s rights form. Only victim representatives indicated on the Victim’s Rights Request Form on file with ODPS can obtain a copy of this form.  Unredacted Case Documents (R.C. 2930.07(E)(3))  Pursuant to R.C. 2930.07(C), the victim’s name, contact information, and identifying information is not a public record and exempt from disclosure. However, in accordance with R.C. 2930.07(E)(3), a victim, victim’s representative, or a victim’s attorney may receive unredacted copies of case documents. If there are multiple victims on a case, only the information on the below listed individual will be provided unredacted unless consent is obtained from all victims in the case. | | | | | | |
| **PART A: INDIVIDUAL WHOSE INFORMATION IS REQUESTED** | | | | | | |
| FIRST NAME | | LAST NAME | | MI | DATE OF BIRTH | |
| ADDRESS | | | | | | |
| CITY | | | STATE | | ZIP | |
| SOCIAL SECURITY / DRIVER LICENSE / ID NUMBER (must provide at least one) | | | | | | |
| **PART B: REQUESTOR’S INFORMATION** | | | | | | |
| FIRST NAME | | LAST NAME | | MI | DATE OF BIRTH | |
| ADDRESS | | | | PHONE | | |
| CITY | | | STATE | | ZIP | |
| SOCIAL SECURITY / DRIVER LICENSE / ID NUMBER (must provide at least one) | | | RELATIONSHIP TO INDIVIDUAL IN PART A | | | |
| Additional sheet(s) attached. | | | | | | |
| **REQUESTOR’S SIGNATURE** | | | | | | |
| I, being first duly sworn, state that I am the person listed above and the information provided is true and accurate to the best of my knowledge. | | | | | | |
| SIGNATURE  **X** | | | | | DATE | |
| **Notary:**  Sworn to and subscribed in my presence this day of , 20 in County,  State of .  (Notary Seal)  Signature of Notary Public **X** My commission expires | | | | | | |

[(OSP-403.22)](http://jp-intweb/PATH/)