



## Report Request

Cottage Grove Public Safety Department  
 12800 Ravine Parkway South  
 Cottage Grove, MN 55016  
 (651) 458-2850

Fax: (651) 458-2820

Records@cottagegrovemn.gov



\* The Cottage Grove Police Department cannot require a requestor to identify themselves for public data; however, not providing this information will remove our ability to notify you or mail your request when completed.

**Please Print**

Request for Information	* Requested By (First, Middle and Last)		Today's Date
	Street Address		City, State Zip
	Date of Birth	Day Phone Number	Evening Phone Number
	Email my report to: <small>*Note-your report will be emailed via the secure website - NeoCertified</small>		
	Name of person(s) Involved (if other than yourself)		Location of Incident
	Case Number(s)		Date of Incident(s)
	Report Type:    _____ <b>Accident Report</b> _____ <b>Ambulance Report</b> _____ <b>Police Report</b> _____ <b>Other</b> _____ <b>Police Clearance Letter (\$20.00 Per Adult)</b>		
	<b>Requestor's Signature</b>		
	<b>X</b>		
	Identification (Optional – See below)		
Type:		Number:	

**PUBLIC DATA:** Identification is not required for an individual requesting public data.

**PRIVATE DATA:** Private data will not be released without positive picture identification of the person requesting the data. If you do not provide identification, we will not be able to process your request for information. Your signature is also requested for private data.

\*\*\* **Confidential, Non-Public, Protected Non-Public Data will not be released.** \*\*\*

# Request for Information Contained in Accident Reports

**Requirements:** Minnesota State Statutes and the Data Privacy Act authorize only the following persons to receive information contained in Accident Reports investigated by this department.

1. Principal Parties
  - a. Drivers
  - b. Owners
  - c. Passengers, if mentioned on report. If not mentioned, must have written authorization from owner and/or driver.
  - d. Property owners of real property damaged
  - e. Victims
2. Representatives of Estates
  - a. Lawyers
  - b. Guardians
3. Surviving Kin
  - a. Spouse
  - b. Next of kin
4. Trustees
  - a. Appointed by law
5. Immediate Family
  - a. Father, mother or legal guardian of any minor child (under 18 years old)
  - b. All family members if principal party is over 18 years old with signed authorization.
6. Legal Counsel or Representative  
Any legal counsel or authorized representative with signed authorization.

## FOR ADMINISTRATIVE USE ONLY

\_\_\_\_ Public    \_\_\_\_ Private    \_\_\_\_ Confidential    \_\_\_\_ Non-Public    \_\_\_\_ Protected Non-Public

\_\_\_\_\_  
Authorized Release

\_\_\_\_\_  
Conditions of Release

\_\_\_\_\_  
Denied Release

\_\_\_\_\_  
Reason for Denial

Reason: \_\_\_\_\_ Non-Public Data Under MSA 13.82, Subd. 8-21.

*Which can include data involving any of the following: Child abuse, undercover officers, the use of real property, reward programs, juvenile witnesses and subject matter of investigation justifies protecting the ID of the witness, informants, sexual assault victims, vulnerable adults, the identity of deceased persons removed from cemeteries, identity of a 911 call or their phone number, legal name changes, data that could interfere with an investigation, data that could lead to criminal activity, data that may cause a suspect to flee or evade capture, data that may cause evidence to be destroyed or hidden, data that could cause harm to a person involved.*

\_\_\_\_\_ Active Investigation

Refer to: \_\_\_\_\_ Cottage Grove City Prosecutor  
\_\_\_\_\_ County Prosecutor  
\_\_\_\_\_ Investigator  
\_\_\_\_\_ Other

### Attempt to Contact Requestor

Date \_\_\_\_\_ Contact Made Yes / No \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Contact Made Yes / No \_\_\_\_\_ Initials \_\_\_\_\_

Information Given / Mailed      Date: \_\_\_\_\_      By: \_\_\_\_\_