



CHIEF OF POLICE
John J. Urban Jr.

NORTH KINGSTOWN POLICE DEPARTMENT

**8166 Post Road
North Kingstown, RI 02852**

Phone: 401-294-3316

Fax: 401-294-6830



TOWN MANAGER
A. Ralph Mollis

MOTOR VEHICLE ACCIDENT BODY WORN CAMERA REQUEST FORM

This form is only for routine motor-vehicle accidents where no arrests were made. If you seek other body-worn camera footage, please make a request under the Access to Public Records Act. This form is only available to insurance companies and attorneys due to data-privacy laws.

Requester Name: _____ Phone: _____

Requester E-mail: _____

Incident number: _____ Incident date: _____

Incident location: _____ Incident time: _____

Client name: _____

The requested video(s) may show information such as driver's license numbers, social security numbers, or account numbers that are protected under the Rhode Island Identity Theft Protection Act of 2015 or subsequent legislation. As such, I agree that I and my company will keep any video released confidential and restricted for the purposes of resolving an insurance claim or pursuing litigation. I certify and contract that I and my company will implement and maintain reasonable security procedures and practices appropriate to the size and scope of the organization, the nature of the information, and the purpose for which the information was collected in order to protect the video and any personal information within from unauthorized access, use, modification, or disclosure. I further agree that I can bind my company, and that I and my company will indemnify, hold harmless, and defend the Town of North Kingstown from against any and all losses, claims, damages, allegations, demands, actions, suits, obligations, fines, penalties, judgments, costs and expenses (including attorney's fees), and liabilities, of any nature whatsoever, arising out of the Town's release of this video to you or your company in any way.

Signature: _____ Date: _____

Select one of the following:

☐ I work for an insurance company, and our client was involved in the accident

☐ I am an attorney, and my client was involved in the accident

Insurer: _____

Law Firm: _____

NAIC#: _____

Bar # and State: _____

Please mail this form to the North Kingstown Police Department Records Office, 8166 Post Road, North Kingstown, RI 02852 or email: Records@northkingstownri.gov and include:

- A letter of representation
- A \$10 processing fee, payable by check made out to the North Kingstown Police Department
- All footage will be released through evidence.com