ONEIDA COUNTY SHERIFF'S OFFICE

Grady M. Hartman
Sheriff

Daniel L. Hess
Chief Deputy

ACCIDENT REPORT REQUEST

ACCIDENT INFORMATION:

Name of Driver: _____

Location of Accident: _____

Date of Accident: _____ Time of Accident: _____ AM / PM

Incident/Case Number (if known) _____ Officer: _____

Insurance Claim # (if applicable) _____

REQUESTOR INFORMATION

Person/Business Making Request:

_____

Last Name First M.I. / Business/Organization

_____

Street Address City State/Zip

Phone: _____ (Day) _____ (Cell)

I am: ☐ Attorney ☐ Complainant ☐ Defendant ☐ Insurance Company ☐ Landlord ☐ Other

I would prefer to (*Please be advised that we do not email records)*:

☐ Pick up the records in person. Please call me at the above number when records are ready.

☐ Have the records mailed to the above address.

FOR OFFICE USE ONLY:

SAR# _____ Amount Due _____ Release Date _____ Released by _____

2000 East Winnebago Street
Rhinelander, WI 54501

Telephone: (715) 361-5100
Fax: (715) 361-5112