



Office of the Sheriff

**ANOKA COUNTY
SHERIFF BRAD WISE**

CERTIFICATION OF REQUESTOR FOR BODY-WORN CAMERA VIDEO

Upon request, a person entitled to a report of a collision under Minnesota Statute Section 169.09, subdivision 13, must be provided with copies of unredacted data from all portable recording systems used in the collision investigation, including data on other individuals who are the subject of the recording. I hereby certify I am entitled to a report of collision:

Case Number _____ because I am:

- (1) An individual involved in the accident, the representative of the individual's estate or the surviving spouse, or one or more surviving next of kin, or a trustee appointed under Minnesota Statute 573.02;
- (2) A person injured in person, property, or means of support, or who incurs other pecuniary loss by virtue of the accident;
- (3) Legal counsel of a person described in item 1) or 2);
- (4) A representative of the insurer of any person described in item 1) or 2); or
- (5) A city or county attorney or an attorney representing the state in an implied consent action who is charged with the prosecution of a traffic or criminal offense that is the result of a traffic crash investigation conducted by law enforcement.

Pursuant to Minnesota Statute Section 13.825 subdivision 4(c), A person making a request for Body Worn Camera Video must do so in writing and must provide the accident report to the agency with the request for camera video.

- I have attached the accident report to which I am entitled.
- I have already submitted a formal data request for the accident report to which I am entitled from the Anoka County Sheriff's Office.

Printed Name: _____

Signature: _____

Date of Birth: _____

Date: _____

This form must be signed in the presence of a notary public, unless providing a copy of your valid, Government-issued ID.

For notary public to complete

State of: _____

County of: _____

Signed and sworn to (or affirmed) before me this _____ day of _____, 20____

by: _____
(Attesting person)

(Seal)

(Signature of notarial officer)

My commission expires: _____

