



CHRISTOPHER H. LANE

Bartholomew County Sheriff

Requesting Agency/Person: _____

Contact Person: _____

Date: _____ Phone: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Your reference number: _____

CASE INFORMATION

Date of Incident: ____/____/____

Incident number (if known) _____

Type of incident (accident, etc.) _____

Location of Incident: _____

Persons involved (victim/driver/etc.) _____

Photos or videos will be provided on a thumb drive.

An administrative fee of \$3.00 will be applied to each thumb drive. Please contact Nichole Williams with any further questions. Phone: 812-379-1650 or Email: Nwilliams@bartholomew.in.gov . Please mail or fax this form to the address below. Our fax number is 812-379-1651. Payment is required before requests are completed and mailed.

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chris.lane@bartholomew.in.gov

Integrity • Professionalism • Trust