

**AMTRAK POLICE DEPARTMENT  
BODY WORN CAMERA VIDEO REQUEST FORM**

THE PURPOSE OF THIS FORM IS TO REQUEST A COPY OF BODY WORN CAMERA VIDEO.

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

1. REQUESTER NAME (LAST, FIRST, MI)		2. DATE OF REQUEST	3. TELEPHONE NUMBER	
4. ADDRESS/FIELD OFFICE (MUST BE AN ACTUAL ADDRESS- BUSINESS/P.O. BOX NOT ALLOWED)		5. CITY	6. STATE	7. ZIP CODE

**PLEASE NOTE: THE FOLLOWING INFORMATION WILL ASSIST IN LOCATING THE REQUESTED VIDEO**

**POLICE REPORT INFORMATION**

8. INCIDENT NUMBER/CALL FOR SERVICE NUMBER	9. DATE OF INCIDENT
10. LOCATION OF INCIDENT	11. DATE AND TIME REPORTED TO AMTRAK POLICE

12. REQUEST TYPE:

**PLEASE NOTE: AN AMTRAK POLICE RELEASE FORM WILL NEED TO BE SIGNED PRIOR TO ANY VIDEO RECORDINGS BEING RELEASED.**

**RECORDS USE ONLY**

**13. COMMENTS/ NOTES:**

PLEASE BE ADVISED THAT IF THIS INCIDENT IS CURRENTLY UNDER POLICE INVESTIGATION, PURSUANT TO AMTRAK POLICY AND THE FREEDOM OF INFORMATION ACT (F.O.I.A) (TITLE 5 U.S.C. §552(b)(7)A) EXEMPTING LAW ENFORCEMENT AGENCIES FROM RELEASING RECORDS THAT COULD REASONABLY BE EXPECTED TO INTERFERE WITH AN ONGOING LAW ENFORCEMENT PROCEEDING, THIS BODY WORN CAMERA VIDEO WILL NOT BE RELEASED. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT THE AMTRAK POLICE DEPARTMENT RECORDS DIVISION AT 215-349-3313.

THANK YOU,  
AMTRAK POLICE RECORDS DIVISION

APDF 46B (05/2019CR)

**PLEASE BE ADVISED THAT THIS FORM IS ONLY A REQUEST AND DOES NOT GUARANTEE THE RELEASE OF BODY WORN CAMERA VIDEO FOOTAGE.**

UPON COMPLETION OF THIS FORM, PLEASE MAIL THIS REQUEST TO:

**AMTRAK POLICE DEPARTMENT  
RECORDS DIVISION  
112 S FRENCH STREET  
3RD FLOOR  
WILMINGTON, DE 19801**

EMAIL: [APDREPORTS@AMTRAK.COM](mailto:APDREPORTS@AMTRAK.COM)  
FAX: (215) 349-2631