



MERRIAM POLICE DEPARTMENT

Michael Daniels, Chief of Police

DISSEMINATION RECORD

DATE: _____

CASE #: _____

VICTIM/DRIVER (S) _____

DEFENDANT: _____

DISSEMINATED TO: _____

ADDRESS: _____ City _____ STATE _____ Zip _____

Signature of Recipient: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> INCIDENT | <input type="checkbox"/> FOLLOW UP | <input type="checkbox"/> LAB REPORTS |
| <input type="checkbox"/> SUPPLEMENTS | <input type="checkbox"/> INV. REPORTS | <input type="checkbox"/> ALCOHOL INFLUENCE |
| <input type="checkbox"/> NARRATIVE | <input type="checkbox"/> NTA/COMP | <input type="checkbox"/> IMPLIED CONSENT |
| <input type="checkbox"/> ARREST | <input type="checkbox"/> RIGHTS WAIVER | <input type="checkbox"/> DC-27 |
| <input type="checkbox"/> PROPERTY | <input type="checkbox"/> PHOTO LOG | <input type="checkbox"/> INTOXILYZER REPORT |
| <input type="checkbox"/> ACCIDENT | <input type="checkbox"/> PICTURES | <input type="checkbox"/> VIDEO |
| <input type="checkbox"/> WRITTEN STATEMENTS | | |

Request Received: IN PERSON WRITTEN FAX

- ID CHECKED
- DEFENDANT SIGNED AUTHORIZATION TO RELEASE
- ENTRY OF APPEARANCE
- RELEASE OF RECORD

RECORDS CLERK: _____