



TRAFFIC COLLISIONS ONLY
CIVIL ACTION - Request for an Officer Interview

Please send completed form to: Met Prosecutions | PO Box 510 | DA15 0BQ

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| Information Required (Please check) | <input type="checkbox"/> Officer Interview |
| <p>Please complete this form to request an interview and email it to: CO16Mailbox-.Finance520@met.police.uk We will contact the officer(s) concerned. Once consent has been received, we will contact you via email and request for the fee to be paid <i>prior</i> to the officer's details being disclosed. Please do NOT send payment until we have emailed you confirming that the officer has agreed to be interviewed. OFFICER INTERVIEW FEE - £170.70 (This fee is for each individual officer.) Payment must be in pound sterling. We only accept cheques made payable to the 'Mayor's Office for Policing and Crime (MOPAC)' Once payment has been processed, we will provide you with the officers email address in order for you to arrange, directly with them, a suitable time, date and place for interview. General Fees and Charges are available from our website : www.met.police.uk</p> | |

If you do not have a Traffic Case Reference do not use this form.
 Please use form 518A - Request for Traffic Case Reference number.

This section must be completed

| | | |
|---|--|---|
| Traffic Case Reference Number: (This should be obtained from your client) | | (Format of Traffic Case Ref number XX/000000/YEAR) |
|---|--|---|

These Details are also Required

| | |
|--|-------------|
| Insurance / Solicitor's Name: | |
| Insurance / Solicitor's Contact Number: | |
| Email address: | (Mandatory) |
| Insurance /Solicitor's Return Address: | |
| Return Address Postcode: | |
| Your Reference Number: | |
| Date and time of Incident: | (Mandatory) |
| Location and postcode of Incident: | (Mandatory) |
| Client's Full Name: | |
| Police Officers full name and shoulder number: (example PC *** AB) | |
| Vehicle Registration Number(s): (if applicable) | |

By completing and signing this form you are confirming that you require the information for insurance claims or civil proceedings. If it is not signed it will be returned to you.

| | | | |
|----------------|--|--------------|--|
| Name: | | | |
| Signed: | | Date: | |

Failure to complete this form correctly could result in the form and any cheques being returned to you. Please note a CAD Number is not a Traffic Case Reference Number.