



VERIFICATION OF INCIDENT (Haitian Creole)

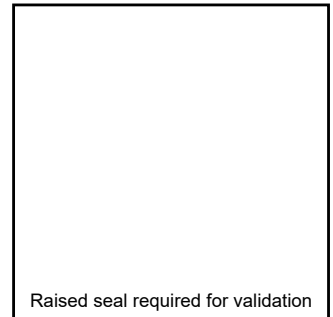
PD 542-061 (Rev. 04-22)

Yo pral trete Demann pou Verifye rapò ensidan demandè/viktim yo, reprezantan ki otorize yo oswa yon tyès pati ki otorize. Demandè /Viktim ki dezinye yon reprezantan ki otorize dwe konplete epi voye tou yon LÈT OTORIZASYON ki notarye [paj 2]. Tout kandida yo dwe voye yon anvlòp pre-adrese epi ak tenb. Tanpri voye demann ou yo nan : Seksyon Kazyè Jidisyè Depatman Polis New York (Inite Asiste) 375 Pearl Street, Suite 4, 16th Floor New York, NY 10038. ** DEMANN YO DWE FÈT PA IMEL OSWA PA LAPÒS SÈLMAN ** Seksyon Kazyè Jidisyè a pa louvri pou piblik epi yo pa bay moun kopi rapò an pèsòn. Demandè yo/Viktim yo ka mande yon kopi tou pou Verifye rapò ensidan nan pandan y ap voye demann yo sou entènèt la nan <https://www1.nyc.gov/site/nypd/services/law-enforcement/record-requests.page>. Pou ou kapab jwenn dosye sa ou DWE bay tout enfòmasyon yo mande anba yo, an patikilye nimewo plent lan ak rapò komisarya a. (evènman). Yo p ap kapab verifye demann ou an san enfòmasyon sa yo. ou kapab jwenn nimewo plent lan lè w rele komisarya oswa brigad detektif ki konsène a 7 am pou rive minwi

FOR USE BY NYPD

* Nimewo plent		* Ansent Rapò a		Lye evènman an	
Voye Dosye a pa Lapòs bay: (Enprime oswa Tape)				Non konplè ak adrès demandè a/ viktim nan jan li deklare bay Depatman Lapolis la	
Dat rapò a voye bay Lapolis		Lè (si ou konnen l)		Rapò sa a konsène: <input type="checkbox"/> Krim <input type="checkbox"/> Pwopriyete ki Pèdi <input type="checkbox"/> lòt (dekri)	
Dat ak lè Ensidan an (si li diferan de dat rapò a)	Dat	Lè	non ofisye ki te resewva rapò ou an, si ou konnen l.		
Tout lòt enfòmasyon anplis ki kapab ede nan chèche dosye ou an					
Non kandida a			Siyati Kandida a		Dat

FOR POLICE DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE
THE FOLLOWING IS A VERIFICATION OF THE ABOVE REQUEST INCLUDING PROPERTY INVOLVED



Raised seal required for validation

Alarm No.	Report verified by (print title, name/sign)	Date
-----------	---	------

**LETTER OF AUTHORIZATION FOR VERIFICATION OF INCIDENT REQUEST
(Only complete if designating an authorized representative)**

Complainant/Victim's Name: _____

Address: _____

Date of Occurrence: _____

Precinct of Occurrence: _____

Location Incident Occurred: _____

Name of Authorized Representative: _____

Authorized Representative's Address: _____

*To: New York City Police Department, Criminal Records Section (Verification Unit)
375 Pearl Street, Suite 4, 16th Floor, New York, NY 10038*

This letter confirms my designation of the individual or firm listed above as my authorized representative to act on my behalf for the sole purpose of requesting incident information from the New York City Police Department in connection with the above-captioned occurrence and the accompanying completed VERIFICATION OF INCIDENT (PD 542-061) form. My authorized representative is hereby granted the right of access to information and the right to act as my agent regarding this request, and all communications sent by the New York City Police Department in regards to this request should be directed to the attention of the authorized representative. However, this does not preclude my intervention at a future date, and this authorization may be revoked, in writing, by me at any time.

I understand that when releasing information to the authorized representative, the New York City Police Department has no authority to control the future use or dissemination of this information. Therefore, I release the New York City Police Department, the City of New York and any officers, agents, or employees, thereof, from any and all liability that may arise out of the authorized representative's possession and the use of the information and records.

This written authorization is effective the date signed and will remain in effect until the request has been completed or the authorization is revoked by me, in writing, whichever occurs first.

Complainant/Victim's Name *(Please Print)*

Date

Complainant/Victim's Signature

STATE OF NEW YORK

SS.:

COUNTY OF _____

On the _____ day of _____ in the year 20 ____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Signature

[Affix Notary Stamp]