



# VERIFICATION OF INCIDENT (Traditional Chinese)

PD 542-061 (Rev 04-22)

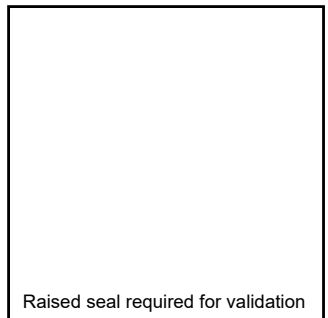
投訴人/受害者、其授權代表或授權第三方之事故證明報告申請將無須負擔任何費用。投訴人/受害者如欲指定授權代表，必須填寫並提交經公證之授權書[第 2 頁]。申請人須附上回郵信封一封。請將申請表郵寄至：375 Pearl Street, Suite 4, 16th Floor, New York, NY 10038，紐約市警察局犯罪紀錄科（驗證單位）\*\*僅限線上或郵寄申請\*\* 犯罪紀錄科不對大眾開放，也不受理臨櫃報告複本申請。投訴人/受害者也可線上申請事故證明報告複本。線上申請網址為 <https://www1.nyc.gov/site/nypd/services/law-enforcement/record-requests.page>。為了找到本紀錄，您務必完整填寫以下各項資料，尤其是投訴編號以及紀錄轄區（事發地點）。若無以上資料將無法做成您的證明報告。您可致電所屬轄區或警探小隊查詢投訴編號，辦公時間為早上 7 點至午夜時分。

FOR USE BY NYPD ONLY

*投訴編號		*報告所屬轄區		事發地點	
將記錄郵寄至： (以正楷字填寫或電腦打字)				向警察局報案之投訴人/受害者全名和地址	
報案日期		時間 (如知悉)		報案類型為： <input type="checkbox"/> 犯罪 <input type="checkbox"/> 遺失財物 <input type="checkbox"/> 其他 (請描述)	
事發日期與時間 (若與報案日期不同)		日期	時間	受理報案之員警姓名 (如知悉)	
可協助搜尋紀錄之其他資訊					
申請人姓名			申請人簽名		日期

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
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**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]