



Application For Release Of Traffic Collision / Crime Report

NOTICE: The theft or alteration of an Official Document is a Felony and punishable under Section 6201 of the Government Code.

Today's Date: _____ Report Number (If Known): _____

Date of Occurrence: _____

Location of Accident or Crime: _____

Name of Driver/Owner/Victim: _____

Name of Applicant or Agency: _____

Applicant's Address: _____ Phone # _____

PARTY OF INTEREST (PLEASE CHECK ONE)

- VICTIM OR PERSON INVOLVED ATTORNEY PROPERTY OWNER
AUTHORIZED REPRESENTATIVE OF DRIVER/OWNER/VICTIM/POLICY NUMBER
OTHER PARTY OF INTEREST (SPECIFY)

Certification

I, DECLARE UNDER THE PENALTY OF PERJURY, THAT I AM, I REPRESENT.....THE PARTY OF INTEREST IDENTIFIED IN THE REPORT RECORDED HEREON. I UNDERSTAND THAT THE PROCESSING OF THE REPORT MAY TAKE UP TO TEN (10) WORKING DAYS. (Government Code §6253: Each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of such determination and the reasons therefore.)

SIGNATURE: _____

For Office Use Only

Check One.....Reviewed Only Copy Obtained

Approved for Release By: _____