



POLICE REPORT REQUEST FORM

201 West Mission Street, San Jose, CA. 95110



Accident Reports Fees Please make your check payable to “City of San Jose”

Crime Report Fees (Fees will be calculated based on the number of pages in the report.)

Include a Copy of your Photo I.D. AND your Check made out to:

“Visit the link below for instructions describing how to make out your check.”

Fees Change Annually – For an updated Fee Schedule visit: <http://www.sjpd.org/Records/Fees.html>

If you were cited or arrested in relation to the requested crime report, contact the District Attorney’s office for the requested documents at (408) 299-7400

Please complete all four sections below and sign: ONLY one report per request form. Please provide as much information as possible. This form may be delivered in person or mailed to the police department.

Please include a self-addressed stamped envelope to insure prompt delivery.

(Type out information or print out and fill in by hand.)

1. Your Name: _____
First Name Last Name

Address: _____
Street Number Street Name City State Zip Code

Telephone: _____
Include Area Code

2. Check applicable type of report:

Traffic Accident Crime Report

Case Report Number _____

Date of Incident _____

Location of Incident: _____

Cross Street: _____

Other Party Involved: _____

3. I certify that I am:

Named in the report: (Check this box to certify that you are named in the requested report.)

An Insurance Agent: _____
(Name of Company)

A Government Agency: _____
(Name of Agency)

An Authorized Representative of: _____
(Person Named in the report)

4. Please provide in complete detail your reason for requesting a copy of this report:

Signature: _____ Date: _____

Driver’s License Number: _____ State: _____