



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" for \$15.00

Crime Report Fees 20 cents/page, (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:

"City of San Jose. Not to exceed \$15.00"

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: _____