

**Police Department**

2600 Fifth Street - Davis, California 95616-7718  
Business: (530) 747-5400 - Fax: (530) 757-7102 - TDD: (530) 757-5666  
Administration: (530) 747-5405 - Investigations: (530) 747-5430



# REPORT COPY REQUEST FORM

<b><u>Date and Time of Occurrence:</u></b>	<b><u>Case Number:</u></b>
--	----------------------------

<b><u>Type of Report:</u></b> [ ] Traffic Collision/Accident [ ] Other	<b><u>Was Anyone Arrested:</u></b> [ ] Yes [ ] No (If you are the arrestee in this case you <u>may</u> need to make your request Directly with the District Attorney's Office.)
---	--

**Location of Incident:**

<b><u>Name of Applicant :</u></b>	<b><u>Parties Involved If Different Than Applicant:</u></b>
-----------------------------------	---

<b><u>Applicant's Mailing Address:</u></b> _____ _____ _____	<b>Phone Numbers:</b> Home (____) _____ Work (____) _____ Cell (____) _____
---	--

**Party of Interest ( Please Check One):**

[ ] Person Involved [ ] Representative of Insurance Company or Insurance Adjusting Agency

[ ] Property Owner [ ] Attorney

[ ] Authorized Individual (Signed Authorization is Required) [ ] Other Party of Interest (Specify) \_\_\_\_\_

[ ] Parent / Guardian of Juvenile Party \_\_\_\_\_

**CERTIFICATION:**  
I declare under penalty of perjury that I am a party of interest in the report recorded hereon.

**Signature:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**How would you prefer to receive the report? Mailed:**  **Called for pickup:**

**\*\* PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED ID.**

ID VERIFIED- # \_\_\_\_\_ / DISPO IF REQUEST DENIED: \_\_\_\_\_

Received By: \_\_\_\_\_