

KERMAN POLICE DEPARTMENT

850 S. Madera Avenue, Kerman CA 93630
Phone: (559) 846-6633 FAX (559) 846-9435

REQUEST FOR COPY OF POLICE REPORT

(Please Print)

CASE NUMBER _____

YOUR NAME _____ PHONE _____

ADDRESS _____

TYPE OF INCIDENT

TRAFFIC ACCIDENT CRIMINAL OTHER

DATE OF INCIDENT WAS REPORTED TO POLICE _____

LOCATION WHERE INCIDENT OCCURRED _____

WHAT IS YOUR INTEREST IN THIS INCIDENT OR TRAFFIC ACCIDENT?

DRIVER PASSENGER PEDESTRIAN VICTIM
 ACCUSED PROPERTY OWNER ARRESTED INSURANCE CO.
 OTHER

IF YOU REPRESENT AN INVOLVED PERSON, GIVE THE NAME OF THAT PERSON:

WHAT IS YOUR RELATION TO THE INVOLVED? _____

YOUR SIGNATURE _____ DATE _____

NOTE: THE COST OF A REPORT IS \$12.00. IT MAY TAKE UP TO 10 WORKING DAYS TO PROCESS THIS REQUEST. MUST PRESENT A PHOTO ID AT TIME OF REQUEST.

FOR OFFICE USE ONLY

DATE REQUEST MADE _____ **RECEIPT NUMBER** _____

REPORT RELEASED BY _____

DATE RELEASED _____

COMMENTS: _____
