



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: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**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: \_\_\_\_\_