**POLICE REPORT REQUEST FORM**

**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.”

**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 ensure 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:

 \_ \_ \_ \_\_

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 \_ \_ \_ \_\_

Signature

Date: \_ \_

Driver’s License Number: \_

State: \_ \_