Reedley Police Department Report/Incident Request

Type of Report: Traffic Accident ☐ Crime/Incident ☐ Case/Incident _____

Fee: $16.00 for each copy of report or incident (*Excluding Victim's of Domestic Violence*)

Date of Incident/Accident: _____

Time of Incident/Accident: _____

Location of Incident/Accident: _____

Print name of person requesting copy: _____

Address/Phone: _____

How are you involved? Driver ☐ Injured ☐ Arrested ☐ Passenger ☐ Witness ☐ Victim ☐ Owner ☐ Suspect ☐
Cited ☐ Parent ☐ Attorney ☐ Insurance Agent ☐ Reporting Party ☐ Other ☐

Please read:

*Copies of reports or information are available only to those ***who have a right to know and a need to know***.

*All requests for reports must be allowed a minimum of five (5) working days to be reviewed and processed. Business hours are Monday thru Friday 8:00 A.M. to 5:00 P.M.

*Any approved reports must be picked up within 10 working days from the date of original request. If report is not picked up, a new request may be required.

*One form must be filled out for each Case or Incident number.

Signature: _____ Date: _____

****

(Office Use Only)

All requests must be submitted with a copy of the report or incident and must have the case or incident number when submitted*

Request received by: _____ ***Date:*** _____

Approved by: _____ ***Date:*** _____

Released by: _____ ***Date released:*** _____ ***Receipt#*** _____

Denied ☐ ***Denied by:*** _____ ***Reason for denial:*** _____

****ALL REPORT REQUESTS MUST BE FILED WITH ORIGINAL REPORTS****

Reedley Police Department /Solicitud de Reporte

Tipo de Reporte: Accidente de Traffico ☐ Crimen/Incidente ☐ Numero de caso/incidente: _____

Presio: $16.00 por cada reported (*Excluyendo Victimos(as) de Violencia Domestica*)

Fecha de Incidente/Accidente: _____

Hora de Incidente/Accidente: _____

Lugar de Incidente/Accidente: _____

Nombre de persona haciendo la solicitud: _____

Domicilio/Numero de telefono: _____

Cual es su envolvimiento? Manejador ☐ Herido ☐ Arrestado ☐ Pasajero ☐ Testigo ☐ Victimo(a) ☐ Dueno ☐ Culpable ☐
Citado ☐ Padre/Madre ☐ Abogado ☐ Agente de seguro ☐ Persona que hizo el reporte ☐
Otro envolvimiento ☐

Favor de leer:

*Copias de reportes y informacion estara entregados solamente a los que tienen ***el derecho de saber y nesecidad de saber***.

*Cada solicitud se tomara lo minimo de cinco(5) dias de trabajo para estar revisado y preparado.
Horas de negocio son de Lunes a Viernes 8:00 de la manana hasta las 6:00 de la tarde.

*Cada reporte tendra que hestar recogido dentro de diez (10) dias de trabajo del dia de la solicitud original. Si el reporte no esta recogido, una nueva solicitud sera requerido.

*Se require una solicitud para cada reporte/incidente.

Firma: _____ Fecha: _____

****

(Office Use Only)

All requests must be submitted with a copy of the report or incident and must have the case or incident number when submitted*

Request received by: _____ ***Date:*** _____

Approved by: _____ ***Date:*** _____

Released by: _____ ***Date released:*** _____ ***Receipt#*** _____

Denied ☐ ***Denied by:*** _____ ***Reason for denial:*** _____

****ALL REPORT REQUESTS MUST BE FILED WITH ORIGINAL REPORTS****