



Crime Report Fees Fees Change Annually – For an If you were cited or arrested in documents at (408) 299-7400 Please complete all four sect information as possible. This Please include a self-address	Include a <i>Copy of your Photo I.D.</i> . "Visit the link below for instructions in updated Fee Schedule visit: <u>https://www</u> relation to the requested crime report, co sions below and sign: ONLY <u>one report</u> is form may be delivered in person or m sed stamped envelope to ensure promp (Type out information or print out a	of pages in the report.) <b>AND your</b> <i>Check</i> made ou a describing how to make or <u>v.sipd.org/records/fees/</u> intact the District Attorney's <u>per request form</u> . Please ailed to the police depart t delivery.	t to: at your check.' s office for the provide as m ment.	, requested nuch	
1. Your Name: First Nam	Last Name				
Address: Street Number	Street Name	City	State	Zip Code	
Telephone:		-			
Check applicable type o			IP2		
Vehicle Accident 🗌	Incident / Crime Repor				
Case Report Number					
Date of Incident					
Location of Incident:		1019			
Cross Street:					
<b>3.</b> I certify that I am:		181			
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 Represer	ntative of: (Person Named in the rep	ort)			
4. Please provide in compl	lete detail your reason for requesting a	,		Ŵ	
Signature:		Date:			
Driver's License Numbe	ır:	State:			



## **POLICE REPORT REQUEST FORM** 201 West Mission Street, San Jose, CA. 95110



California Vehicle Code Section 20012 makes all required accident reports and supplemental reports confidential except to the following persons. Please select the item that best describes your association with this accident or relationship with a person involved in this accident.

- □ The Driver
- Guardian or Conservator of driver

□ Parent of minor driver

- □ Injured person
- Vehicle owner

Owner of damaged property

- Person that may incur civil liability
- Attorney representing a client
- Other

I have reviewed Section 20012 of the California Vehicle code and have accurately selected the most appropriate item that describes my association to the accident or relationship with the accident victim.

We will be unable to process any accident reports that occurred outside of San Jose. This includes interstate highways that pass through the city, unincorporated areas of the city, other surrounding cities and county locations.

By selecting the "Yes" check box below, you are confirming that the incident did occur within the boundaries of the city of San Jose and that you are entitled to a copy of the report.

🗌 Yes

Attorneys must complete this s	ection

California Vehicle Code Section 20012 requires attorneys to declare under penalty of perjury that he or she represents any of the listed persons. Therefore, additional information is required before being allowed to obtain copies of CHP 555 (Accident Reports)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**Attorney Information** 

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Calif BAR # \_\_\_\_\_

FOR ATTORNEYS ONLY: By clicking "ok," I declare under penalty of perjury under the laws of the state of California, that I represent a listed person and all other information contained herein is correct and true.

🗌 Ok