

**FONTANA POLICE DEPARTMENT
REQUEST FOR COPY OF A POLICE REPORT**

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|-------|--------------------------------------|------|
| () | Traffic Accident | \$18 |
| () | Traffic Accident with reconstruction | \$18 |
| () | Crime or other incident report | \$18 |
| () | Dispatch incident printout | \$18 |

YOU MUST INCLUDE A PHOTOCOPY OF YOUR IDENTIFICATION

Acceptable forms of identification - valid Driver's License, Passport, Alien Resident card.

PAYMENT IS REQUIRED BEFORE YOUR REQUEST CAN BE PROCESSED.

IF THE REPORT IS NOT AVAILABLE, IT WILL BE MAILED TO YOU AS SOON AS POSSIBLE.

Case number or incident number: _____

Type of Incident: _____ Date & Time of Incident: _____

Location of Incident: _____

Print your name: _____ Phone: () _____

Address (incl. zip) _____

Email address: _____

➤ What is your involvement in this case? (Check box)

Driver Passenger Pedestrian Property Owner Victim
 Other (specify) _____
 Attorney (name of person you represent) _____
 Insurance Company (name of insured) _____
 Other Agency (Name of Agency) _____

➤ What is your interest in this incident? Please explain why you need a copy of this report.

Signature _____ Date _____

**Mail completed request to Fontana Police Department, Records Unit
17005 Upland Avenue, Fontana, CA 92335**

Office Use Only:

Payment received by: _____ Receipt # _____ Date _____

Mailed Released by _____ Date _____

Not released Reason: _____