

PASADENA POLICE DEPARTMENT REPORT REQUEST FORM

INSTRUCTIONS

1. Fill out this form as completely and accurately as possible. Sign your name on the signature line.
2. Take completed form to the Records window to obtain a copy of the report. There is a fee of \$10.00 for copies of Traffic Collision Reports. Make checks payable to City of Pasadena. Please have your photo identification available for verification.

What is the case number?		Are you requesting a	
		<input type="checkbox"/> Traffic Collision Report <input type="checkbox"/> Crime Report	
What date did the incident occur?	What was the time of incident?	Where did the incident happen?	
Who was the driver, victim, or property owner identified in the report?			
What is your name or requesting agency if you are not the driver, victim or property owner?			
What is your address? (street, city, state, zip code)			
What is your daytime telephone number?		What is your evening telephone number?	

I declare under penalty of perjury that I have not been arrested for, nor am I a defendant in any criminal action involving any victim(s) or witness(es) contained within the information requested.

I further declare under penalty of perjury that.....

- I am the party of interest identified in the report.**
- I represent the party of interest identified in the report.**
- I am** **Insurance Representative**
 Attorney
 Parent/Guardian of Juvenile
 Other _____

Signature _____ Dated _____

INFORMATION ON REPORTS PROVIDED BY THE PASADENA POLICE DEPARTMENT SHALL NOT BE DISTRIBUTED OR DUPLICATED BY THE REQUESTOR WITHOUT THE WRITTEN PERMISSION OF THE PASADENA POLICE DEPARTMENT.

DO NOT WRITE BELOW THIS LINE/FOR OFFICE USE ONLY

Request processed By _____ Dated _____

Mailed By _____ Dated _____

Released By _____ Dated _____

Reason report not released _____

Comments _____