



IRVINE POLICE DEPARTMENT

# REQUEST FOR POLICE REPORT

REPORT NUMBER: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

REQUEST TAKEN BY: \_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_

## REPORT INFORMATION

TYPE OF REPORT	OPTIONS
	<input type="checkbox"/> FULL REPORT <input type="checkbox"/> FACE PAGE/LOSS PAGE <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> CSI PHOTOS (\$6.00 FEE)

## REQUESTOR INFORMATION

NAME*			
ADDRESS*			PHONE*
CITY	STATE	ZIP	EMAIL*

**I DECLARE UNDER PENALTY OF PERJURY THAT I AM THE PARTY OF INTEREST IDENTIFIED BELOW:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> VICTIM OF CRIME  | <input type="checkbox"/> DRIVER/PASSENGER OF COLLISION | <input type="checkbox"/> REPORTING PARTY             |
| <input type="checkbox"/> SUSPECT OF CRIME | <input type="checkbox"/> PARENT/GUARDIAN OF JUVENILE   | <input type="checkbox"/> OTHER (EXPLAIN INVOLVEMENT) |

OTHER INVOLVEMENT
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## RELEASE AUTHORIZATION

- |   |  |
|---|--|
| <input type="checkbox"/> CANNOT BE RELEASED                             | <input type="checkbox"/> REPORT INCLUDING ARREST/SUSPECT INFORMATION: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> FACE PAGE/LOSS PAGE ONLY                       | <input type="checkbox"/> SUPPLEMENTAL(S) BY: _____   |
| <input type="checkbox"/> CHP 180  | <input type="checkbox"/> INVESTIGATIVE SUPPLEMENTAL(S) BY: _____   |
| <input type="checkbox"/> FULL REPORT                                    | <input type="checkbox"/> INCLUDE CONFIDENTIAL ATTACHMENTS  |
| <input type="checkbox"/> T/C HIT & RUN REPORT ONLY                      | <input type="checkbox"/> RELEASE OF PHOTOGRAPHS: <input type="checkbox"/> APPROVED <input type="checkbox"/> PARTIAL RELEASE    |
| <input type="checkbox"/> JUVENILE REPORT (EDITED PER DEPARTMENT POLICY) | <input type="checkbox"/> DENIED (SEE RESTRICTIONS)   |

RESTRICTIONS/COMMENTS/REDACTIONS
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INVESTIGATOR SIGNATURE \_\_\_\_\_ ID# \_\_\_\_\_ DATE \_\_\_\_\_

CSI PHOTOS PROVIDED  YES  NO      RELEASED BY \_\_\_\_\_ DATE \_\_\_\_\_

RELEASED VIA  RECORDS  OTHER \_\_\_\_\_

**I CONFIRM I HAVE RECEIVED A COPY OF THE REQUESTED POLICE REPORT AND/OR PHOTOS.**

SIGNATURE\* \_\_\_\_\_ GOV. ISSUED ID#\* \_\_\_\_\_ PICK-UP DATE \_\_\_\_\_

GOV. ISSUED ID VERIFIED BY \_\_\_\_\_ (BUSINESS DESK) EMP ID# \_\_\_\_\_

REPORT/PHOTOS RELEASED BY \_\_\_\_\_ (RECORDS) EMP ID# \_\_\_\_\_ DATE \_\_\_\_\_

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