



# Imperial County Sheriff's Office

328 Applestill Road El Centro, CA 92243

## CRIME / INCIDENT REPORT APPLICATION

Government Code 7923.600-7923.625 provides a list of authorized persons who are authorized to receive information from law enforcement police records. Applicable fees, if any, will be paid before any information is released.

THE FOLLOWING INFORMATION WILL ASSIST IN PROCESSING YOUR REQUEST  
(PLEASE PRINT)

### REQUESTOR'S IDENTIFYING INFORMATION

DATE:	REQUESTING AGENCY:
REQUESTOR'S NAME:	AGENCY FAX #:
ADDRESS:	CITY: STATE: ZIP:
TELEPHONE #:	
DRIVERS LICENSE OR ID #:	COPY ATTACHED: YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR REQUEST:	

### REQUESTOR'S CLASSIFICATION (CHECK ONE)

SUBJECT: <input type="checkbox"/>	LEGAL REP. OF SUBJECT/VICTIM: <input type="checkbox"/>	INSURANCE COMPANY: <input type="checkbox"/>	BAIL BONDSMAN: <input type="checkbox"/>
VICTIM: <input type="checkbox"/>	PARTY INVOLVED IN ACCIDENT: <input type="checkbox"/>	LAW ENFORCEMENT AGENCY: <input type="checkbox"/>	OTHER: <input type="checkbox"/>
WITNESS: <input type="checkbox"/>	OWNER OF DAMAGED PROPERTY: <input type="checkbox"/>	GOV'T AGENCY: <input type="checkbox"/>	RELATIONSHIP: <input type="checkbox"/>

### SUBJECT/CASE INFORMATION (\*May write "Same" if the subject and requester are the same person)

SUBJECT NAME*:	DL#:	ID#:
DOB/AGE:	CASE#:	
MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>	REPORTING PARTY:	
ARRESTING AGENCY:	OCCURRENCE DATE:	
LOCATION OF INCIDENT:	TYPE OF INCIDENT:	
OTHER:		

### INSURANCE COPY

NAME OF INSURANCE:	
NAME OF INSURANCE REPRESENTATIVE:	
NAME OF INSURED:	POLICY OR CLAIM #

### DELIVERY OPTIONS (CHECK THE BOX THAT APPLIES)

(NOTE THAT REQUESTS WILL NORMALLY BE PROCESSED WITHIN 10 CALENDAR DAYS)

PICK UP: <input type="checkbox"/>	MAIL TO ABOVE ADDRESS: <input type="checkbox"/>
SEND TO ABOVE FAX # : <input type="checkbox"/>	SEND TO:

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

SIGNATURE OF REQUESTOR \_\_\_\_\_ DATE \_\_\_\_\_

### SHERIFF'S OFFICE PERSONNEL USE ONLY

FEE: \$22.00	EXEMPT: YES <input type="checkbox"/> NO <input type="checkbox"/>	RECEIPT#:
INFO RELEASED: NONE: <input type="checkbox"/>	CRIME / INCIDENT RPT: <input type="checkbox"/>	TRAFFIC ACCIDENT RPT: <input type="checkbox"/> OTHER: <input type="checkbox"/>
RECEIVED BY INITIALS:	LOGGED BY INITIALS:	
COMPLETED BY (NAME):	DATE COMPLETED:	
REPORTING OFFICER:	ASSIGNED INVESTIGATOR	
WOULD RELEASING THIS REPORT: 1. ENDANGER THE SAFETY OF A WITNESS OR OTHER INVOLVED PERSON? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. ENDANGER THE SUCCESSFUL COMPLETION OF INVESTIGATION? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. REVEAL A CONFIDENTIAL INFORMANT? YES <input type="checkbox"/> NO <input type="checkbox"/> SIGNATURE OF OFFICER / INVESTIGATOR: _____ DATE: _____		