



CHULA VISTA POLICE DEPARTMENT
POLICE REPORT REQUEST

PAID

PLEASE PRINT CLEARLY

CHULA VISTA POLICE REPORT or CALL FOR SERVICE NUMBER: _____

TYPE OF REPORT Traffic Arrest Crime Call for Service Other _____
 Summary Only (PUBLIC INFO - NO ID REQUIRED)

INCIDENT INFORMATION (REQUIRED)

Date: _____ Time: _____ Location: _____

Name of Victim or Involved Person: _____ DOB: _____
(Required for Arrest Information, Juvenile Petitions and Background Checks)

PERSON REQUESTING REPORT

Name: _____ Contact Phone #: _____

Return Mailing Address: _____ Email: _____

City _____ State _____ Zip _____

RELATIONSHIP TO INCIDENT

- Victim Reporting Party/Caller (Call for Service)
- Driver/Owner of Vehicle Attorney Representing Victim/Driver/Owner
- Representative of Insurance Company Name of Insured: _____
- Individual or Company suffering injury, property damage or loss, as a result of the incident
- Other: _____

I DECLARE, UNDER PENALTY OF PERJURY, THAT I AM THE PERSON REQUESTING THE ABOVE INFORMATION AND THAT I AM AUTHORIZED TO RECEIVE THE INFORMATION PER APPLICABLE LAWS.

Signature of Person Requesting Report _____

Date of Request _____

POLICE DEPARTMENT USE ONLY

Requestor Identification Verified by (CVPD Initials and ID#): _____ Type of ID: _____

NOTE: Not for public information/Summary only

Press Board Only Other: _____

FC Release or P/U Mailed Emailed Date: _____ Approved by (Initials and ID#): _____

Investigation Contacted: _____ Approved _____