IMPERIAL COUNTY SHERIFF'S OFFICE

P.O. BOX 1040 - 328 APPLESTILL ROAD
EL CENTRO, CALIFORNIA 92243-1040
(442) 265 2125

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 ☐ NO ☐**
REASON FOR REQUEST:	

REQUESTOR'S CLASSIFICATION (CHECK ONE)

SUBJECT: ☐	**LEGAL REP. OF SUBJECT/VICTIM: ☐**	**INSURANCE COMPANY: ☐**	**BAIL BONDSMAN: ☐**
VICTIM: ☐	**PARTY INVOLVED IN ACCIDENT: ☐**	**LAW ENFORCEMENT AGENCY: ☐**	**OTHER: ☐**
WITNESS: ☐	**OWNER OF DAMAGED PROPERTY: ☐**	**GOV'T AGENCY: ☐**	**RELATIONSHIP:**

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

SUBJECT NAME*:	**DL#:** **ID#:**
DOB/AGE:	**CASE#:**
MALE: ☐ FEMALE: ☐	**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: ☐	**MAIL TO ABOVE ADDRESS: ☐**
SEND TO ABOVE FAX # : ☐	**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.OO	**EXEMPT: YES ☐ NO ☐**	**RECEIPT#:**
INFO RELEASED: NONE: ☐	**CRIME / INCIDENT RPT: ☐**	**TRAFFIC ACCIDENT RPT: ☐** **OTHER: ☐**
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 ☐ NO ☐**
2. **ENDANGER THE SUCCESSFUL COMPLETION OF INVESTIGATION?** **YES ☐ NO ☐**
3. **REVEAL A CONFIDENTIAL INFORMANT?** **YES ☐ NO ☐**

SIGNATURE OF OFFICER / INVESTIGATOR: _____ **DATE:** _____