

REQUEST AUTHORIZATION FORM - RELEASE OF CASE INFORMATION

Please note that members of the public, including suspects and arrestees, are generally not entitled to crime or traffic collision reports. (See Gov't Code, § 7923.600; Veh. Code, § 20012.) A request below will be processed in accordance with applicable laws.

DATE REPORT REQUESTED	CASE NUMBER
REQUESTOR'S NAME	
ADDRESS	
EMAIL ADDRESS	CONTACT PHONE #
I certify that I am one of the following (if applicable):	
Crime Reports	Traffic Collision Reports
☐ A victim of the incident.	☐ The driver involved in a vehicle collision.
☐ An authorized representative of a victim, specify:	 □ Guardian or conservator of driver; □ parent of a minor driver; or □ authorized representative of a driver involved in the collision. (Check category that applies.) (Name of driver):
Name of victim:	☐ A person injured in the collision.
 □ An insurance carrier against which a claim has been or might be made. □ A person suffering bodily injury or property damage or loss, as the result of the incident caused by arson, burglary, fire, explosion, larceny, robbery, carjacking, vandalism, vehicle theft, or a crime as defined by Government Code section 13951, subdivision (b). 	 The owner of vehicle(s) or property damaged by the collision. A person who may incur civil liability, including liability based upon a breach of warranty arising out of the accident. An attorney who represents any of the above persons. Person represented: OTHER (Please identify your interest.)
***If you are an attorney seeking a Traffic Collision Report and you represent any of the persons identified in the second column above, please complete the following, pursuant to Vehicle Code section 20012. I declare under penalty of perjury that I represent a party entitled to the Traffic Collision Report, under Vehicle Code section 20012. Signature: Date:	
☐ EMAIL TO:	