



City of Kerman

850 S. Madera Ave., Kerman, CA 93630

Fax: (559) 846-6199

Telephone: (559) 846-9384



Kerman Police Department: Request For Copy Of Police Report

(Please Print)

CASE NUMBER:

YOUR NAME:

PHONE NUMBER:

ADDRESS:

Street

City

State

Zip Code

TYPE OF INCIDENT:

TRAFFIC ACCIDENT CRIMINAL OTHER

DATE OF INCIDENT WAS REPORTED TO POLICE:

LOCATION WHERE INCIDENT OCCURRED:

WHAT IS YOUR INTEREST IN THIS INCIDENT OR TRAFFIC ACCIDENT?:

DRIVER PASSENGER PEDESTRIAN VICTIM
 ACCUSED PROPERTY OWNER ARRESTED INSURANCE CO.
 OTHER

IF YOU REPRESENT AN INVOLVED PERSON, GIVE THE NAME OF THAT PERSON:

WHAT IS YOUR RELATION TO THE INVOLVED?:

YOUR SIGNATURE:

DATE:

NOTE: The cost of a report is \$12.00. It may take up to 10 working days to process this request.

FOR OFFICE USE ONLY

DATE REQUEST MADE:

RECEIPT NUMBER:

REPORT RELEASED BY:

DATE RELEASED:

COMMENTS: