

SELMA POLICE DEPARTMENT REPORT/INCIDENT REQUEST

****TRAFFIC COLLISION REPORT FEE IS \$35.00****

**** INCIDENT REPORT FEE IS \$15.00 ****

Type of Report: Traffic Accident [] Crime/Incident [] **Case Number:** _____

Fee: \$15.00 for each copy of a report **excluding victims of Domestic Violence

Date of Incident/Accident: _____

Location of Incident/Accident: _____

Name of Person Requesting Copy: _____

Address: _____ **Phone Number:** _____

How are you Involved: Driver [] Injured [] Arrested [] Passenger [] Victim [] Owner []
Cited [] Parent/Guardian [] Other []

PLEASE READ

** The Records Department is open Monday – Thursday 9:00 a.m. to 4:00 p.m. and Fridays 12:00 p.m. to 4:00 p.m.

** Copies of reports or information is available only to those who have the right to know and the need to know.

** All requests for reports take five (5) to ten (10) business days to be reviewed and processed.

** All requested reports need to be picked up within thirty (30) days from the date of request. If not picked up, a new report request form may be required.

** One form must be filled out for each case or incident number request.

Signature: _____ **Date:** _____

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(Office Use Only)

** All requests must be submitted with a copy of the report/incident.

Request received by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Released by: _____ **Date:** _____

Denied [] Denied by: _____

Reason for denial: _____

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ALL REPORT REQUESTS MUST BE FILED WITH ORIGINAL REPORTS

SELMA POLICE DEPARTMENT SOLICITUD DE REPORTE

****PRESTO DE REPORTE DE ACCIDENTE DE TRAFICO ES \$35.00****

****PRESTO DE REPORTE DE INCIDENTE ES \$15.00****

Tipo de Reporte: Accidente de Trafico [] Crimen/Incidente [] **Numero de Caso/Incidente:** _____

Presto: \$15.00 por cada reporte ****Excluyendo Victimos(as) de Violencia Domestica**

Fecha de Incidente/Accidente: _____

Lugar de Incidente/Accidente: _____

Nombre de la persona haciendo la solicitud: _____

Domicilio: _____ **Numero de teléfono:** _____

Cual es su involucrimiento Manejador [] Herido [] Arrestado [] Pasajero [] Victimo(a) []
Dueño [] Citado [] Padre/Madre [] Otro involucrimiento []

FAVOR DE LEER:

** Horas de oficina son de lunes a jueves 8:00 de la mañana hasta las 4:00 de la tarde, y los viernes 12:00 de la tarde a 4:00 de la tarde.

** Copias de reportes o información será disponible solamente para los **que tienen el derecho de saber y necesidad de saber.**

** Todas las solicitudes de reportes se tomara un mínimo de cinco (5) a diez (10) días laborables para ser revisado y procesado.

** Cualquier reporte tendrá que ser recogido **dentro treinta (30) días** a partir de la fecha de la solicitud original. Si el reporte no es recogido, una nueva solicitud puede ser requerida.

** Se requiere una solicitud para cada reporte/incidente.

Firma: _____ **Fecha:** _____

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(Office Use Only)

** All requests must be submitted with a copy of the report/incident.

Request received by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Released by: _____ **Date:** _____

Denied [] Denied by: _____

Reason for denial: _____

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