

# 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:** \_\_\_\_\_

.....  
**(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:** \_\_\_\_\_

# 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:** \_\_\_\_\_

.....  
**(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