



**CYPRESS POLICE DEPARTMENT**  
**REQUEST FOR POLICE REPORT/ACCIDENT REPORT**

**INSTRUCTIONS:** Complete Sections I and II and turn into Records personnel or through the mail. If Sections I and II are not complete, your request will be denied. Your request will be received and approved or denied.

**MAILING ADDRESS:** 5275 Orange Avenue, Cypress, CA 90630 ATTN: Records Department

**COST:** \$1.00 for the first page and \$0.10 for each page thereafter.

**SECTION I**

*DETAILS OF THE INCIDENT: (PLEASE PRINT LEGIBLY)*

**DATE & TIME OCCURRED:** \_\_\_\_\_ **CASE NUMBER:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**NAME OF VICTIM(S): PARTY** (1) \_\_\_\_\_

(2) \_\_\_\_\_

**TYPE OF INCIDENT:** BURGLARY \_\_\_\_\_ ROBBERY/ASSAULT \_\_\_\_\_ TRAFFIC ACCIDENT \_\_\_\_\_

**AUTO THEFT/RECOVERY – LIC PLATE#** \_\_\_\_\_ **OTHER CRIME (SPECIFY)** \_\_\_\_\_

**SECTION II**

*THIS SECTION MUST BE COMPLETED: (CHECK ONE BOX ONLY)*

I, the undersigned, request information regarding the incident described above. I certify that I am:

A victim/party/parent of a juvenile involved in the incident described above. (IF YOUR NAME IS NOT MENTIONED IN THE POLICE REPORT/ACCIDENT REPORT, YOUR REQUEST WILL BE DENIED.)

An authorized representative of a victim/party named in the incident described above. **IF YOU ARE ACTING ON BEHALF OF THE VICTIM/PARTY INVOLVED IN THE INCIDENT, YOU MUST HAVE A WAIVER SIGNED BY THAT PERSON AUTHORIZING YOU TO OBTAIN ANY INFORMATION**

A representative of an insurance carrier against which a claim has been made or might be made.

**NAME OF INSURANCE COMPANY:** \_\_\_\_\_

**I declare, under penalty of perjury, that the above information is true and correct.**

**SIGNATURE** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**ZIP** \_\_\_\_\_ **TELEPHONE NO.** \_\_\_\_\_ **DATE OF REQUEST** \_\_\_\_\_

**DATE RECEIVED** \_\_\_\_\_ **BADGE #** \_\_\_\_\_