

**FONTANA POLICE DEPARTMENT  
REQUEST FOR COPY OF A POLICE REPORT**

- ( ) Traffic Accident \$18
- ( ) Traffic Accident with reconstruction \$18
- ( ) Crime or other incident report \$18
- ( ) Dispatch incident printout \$18

**YOU MUST INCLUDE A PHOTOCOPY OF YOUR IDENTIFICATION**

*Acceptable forms of identification - valid Driver's License, Passport, Alien Resident card.*

**PAYMENT IS REQUIRED BEFORE YOUR REQUEST CAN BE PROCESSED.**

**IF THE REPORT IS NOT AVAILABLE, IT WILL BE MAILED TO YOU AS SOON AS POSSIBLE.**

Case number or incident number: \_\_\_\_\_

Type of Incident: \_\_\_\_\_ Date & Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Print your name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address (incl. zip) \_\_\_\_\_

Email address: \_\_\_\_\_

➤ What is your involvement in this case? (Check box)

Driver  Passenger  Pedestrian  Property Owner  Victim

Other (specify) \_\_\_\_\_

Attorney (name of person you represent) \_\_\_\_\_

Insurance Company (name of insured) \_\_\_\_\_

Other Agency (Name of Agency) \_\_\_\_\_

➤ What is your interest in this incident? Please explain why you need a copy of this report.

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Mail completed request to Fontana Police Department, Records Unit  
17005 Upland Avenue, Fontana, CA 92335*

**Office Use Only:**

Payment received by: \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_

Mailed  Released by \_\_\_\_\_ Date \_\_\_\_\_

Not released Reason: \_\_\_\_\_