

Internal Use Only:

Date request received: _____

Date provided/mailed: _____

Date person notified if extension needed: _____

ID/DL for pick-up: _____

RMS staff ID#: _____

Request for Incident Report

Mail request to: San Francisco Police Department
Report Management Section
1245 3rd Street, San Francisco, CA 94158-2102

Or email to: sfpd.records@sfgov.org

There is no legal requirement to fill out this form in its entirety. However, certain individuals are entitled to receive more information pursuant to California Government Code § 6254 (f). The more information you provide may help the Department determine the amount of information provided to you.

Your name: _____

Address: _____

City, State, Zip: _____

Contact Phone: _____ Email: _____

S.F. Police Report #: _____

Name of Party Listed in Report, if not requester: _____

Date of Birth: Month _____ Day _____ Year _____

Your interest in this incident: _____

Type of Incident: _____

Date/Time of Occurrence: _____

Location of Occurrence: _____

Vehicle Involved (License plate number/state/year, make, model and color): _____

Please indicate how you would like to receive the requested incident report. (Allow 10 business days from the date of your request for processing):

U.S. Mail

Email: _____

Pick-up from 1245 3rd Street, 1st Floor, San Francisco, CA 94158, Monday-Friday (8:00am – 5:00pm), closed on weekends and holidays. Please call 415-575-7232 to confirm your report is ready for pick-up.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Signature

Date

Note: TRAFFIC COLLISION REPORTS ARE ONLY PREPARED FOR HIT & RUN, DRUNK DRIVING AND PERSONAL INJURY CASES. Some reports are restricted and/or inaccessible.