

CALIFORNIA STATE UNIVERSITY, FRESNO  
POLICE DEPARTMENT  
2311 E BARSTOW AVE, M/S PO14  
FRESNO, CA 93740-8004  
(559) 278-8400



**APPLICATION FOR RELEASE OF TRAFFIC COLLISION/CRIME REPORT**

NOTICE: THE THEFT OR ALTERATION OF AN OFFICIAL DOCUMENT IS A FELONY PUNISHABLE UNDER SECTION 6201 OF THE GOVERNMENT CODE

CASE NO: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ REPORT TYPE: CRIME  
TRAFFIC COLLISION  
REASON FOR REQUEST \_\_\_\_\_ OTHER

**APPLICANT INFORMATION**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**PARTY OF INTEREST**

VICTIM / PERSON INVOLVED  
ATTORNEY  
AUTHORIZED REPRESENTATIVE OF DRIVER / OWNER / VICTIM  
OTHER PARTY OF INTEREST \_\_\_\_\_  
REPRESENTATIVE OF INSURANCE COMPANY  
CLAIM POLICY NO. \_\_\_\_\_

**CHECK ONE**

WILL PICK UP REPORT  
RETURN BY MAIL (ABOVE ADDRESS)

I, DECLARE UNDER THE PENALTY OF PERJURY, THAT I AM, OR I REPRESENT...THE PARTY OF INTEREST IDENTIFIED IN THE REPPORT RECORDED HERON. I UNDERSTAND THAT THE PROCESSING OF THE REPORT MAY TAKE UP TO THREE (3) WORKING DAYS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**(OFFICIAL USE ONLY)**

APPROVED                  DISAPPROVED

AUTHORIZED BY \_\_\_\_\_ REASON \_\_\_\_\_

FEE \$ \_\_\_\_\_ CHECK    CASH                  RECEIPT # \_\_\_\_\_ RECEIVED BY \_\_\_\_\_