

Request for Police Report		Type report: <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Other	
Location of Incident:		Date of Incident:	Times: A.M. P.M.
Name of Person Involved in Incident:		Case Number (If Known):	
Address:		Purpose of Request	
		Review Only <input type="checkbox"/>	
		Hand Copy <input type="checkbox"/>	
		Purchase Copy <input type="checkbox"/>	
Requested By: (Print)			
Address (For mailing purposes):		LEAVE BLANK FOR OFFICE USE ONLY	
		Case Number:	
		File Code	
Phone Number:		Records Clerk:	

Information Entries must be Correct and Complete

SAPD Form 133 (Jul 99)