



SANTA CLARA COUNTY SHERIFF - RECORDS UNIT

OPEN CASE? Y N

INCIDENT REPORT / PHOTO REQUEST

IMPORTANT

PRINT OR TYPE. A DELAY IN PROCESSING YOUR REQUEST MAY OCCUR IF: INCOMPLETE OR ILLEGIBLE INFORMATION IS GIVEN; IF JUVENILES ARE INVOLVED, CONSENT FROM A JUVENILE COURT JUDGE MAY BE REQUIRED; AND / OR PHOTOS ARE REQUESTED. FEES MAY BE CHARGED BASED ON THE NUMBER OF PAGES AND IF PHOTOS OR CD'S ARE REQUESTED. AFTER REVIEW OF YOUR REQUEST, YOU WILL BE NOTIFIED BY TELEPHONE OF ANY FEES.

YOUR NAME _____ DATE _____
ADDRESS _____ DAY PHONE _____
CITY / STATE / ZIP _____ EVE PHONE _____

SECTION 6254(F) OF THE CALIFORNIA GOVERNMENT CODE AUTHORIZES THE SHERIFF TO RELEASE RECORDS OF COMPLAINTS OR INVESTIGATIONS CONDUCTED BY THIS OFFICE TO THE FOLLOWING. PLEASE CHECK ALL THAT APPLY.

INVOLVED & NAMED JUVENILE INVOLVED JV-575 SUFFERING BODILY INJURY SUFFERING LOSS OR DAMAGE
AUTHORIZED REP ATTORNEY INSURANCE COMPANY PERSON REPRESENTED BUSINESS CARD ATTACHED? Y

ITEM NEEDED
REPORT PHOTOS INCIDENT DATE INCIDENT LOCATION RPT NO.
REASON REQUESTED:

TYPE OF INCIDENT
ACCIDENT ASSAULT/ BATTERY DOMESTIC VIOLENCE BURGLARY CHILD MOLEST/ABUSE SEX ASSAULT
KIDNAPPING PETTY THEFT VANDALISM ROBBERY STOLEN VEHICLE DUI GRAND THEFT
OTHER (EXPLAIN):

I CERTIFY THAT THESE STATEMENTS ARE TRUE. THE INFORMATION REQUESTED WILL NOT BE USED MALICIOUSLY OR USELESSLY TO HARASS, DEGRADE OR HUMILIATE ANY PERSON. I UNDERSTAND FEES MAY BE CHARGED. PAYMENT MUST BE MADE WITH CASH, CHECK OR MONEY ORDER WITH PROPER ID.

SIGNED _____ DATE _____
RECEIVED BY _____ ID VERIFIED? Y DATE OF BIRTH _____

SHERIFF'S OFFICE USE ONLY
DATE DUE TO REQUESTOR: DATE TO DET: DATE FR DET:
SPECIAL REQUEST / NOTES:
RELEASE STATUS: APPROVED: DISAPPROVED: REASON:
SIGNATURE: DATE:
PICK UP: MAIL: RESEARCH REQ'D: REQUESTOR NOTIFIED: EXTENSION REQST'D: EXT DATE:
RELEASED BY: MAILED BY: DATE: AMOUNT DUE:
COMMENTS:
REQUESTOR STATUS INFO REDACTED BY #
VIC SUS RP OTH WIT AGNT INS PERSONAL INFO VIC SUS RP OTH WIT
MED INFO PERSONNEL MEDICAL NARRATIVES NOTHING