



APPLICATION FOR ACCIDENT OR CRIME REPORT

(COMPLETE WHAT YOU CAN BELOW)

Type of report: _____ Case Number: _____

Name of person(s) involved: _____

Date of incident: _____ Today's Date: _____

You are: A person involved in the incident to wit:

- Victim
- Driver
- Property Owner
- Parent of a Minor
- Other _____

- An authorized representative of the person involved.
- An insurance carrier against which a claim has been, or might be filed for arson, burglary, fire, explosion, robbery, vandalism or crimes of violence.
- Any person suffering bodily injury or property damage as a result of the incident.

Purpose of Request: _____

Print Name and/or Firm _____

Address _____ Phone # _____

I declare under penalty of perjury that I am (or represent) the person/agency described above.

Signature _____ Date _____

1. Arrestees are referred to the Marin County D.A.'s Office.
2. Submit this request with a \$22 processing fee for accident reports which will be given to you over the counter. Crime reports will be mailed or can be picked up.

Payment Due Paid Receipt # _____ Call When Ready Mail When Ready

No Fee - Death Report, Citizen's Self Report and Crime Reports

UTL/ATL Dates _____ Researched by: _____

Released by Records _____ Date: _____

Records release as described: _____

Spv/TSM release authorized as described: _____

Spv/TSM advised requester: Yes No

Records: Stamp each page