

**FONTANA POLICE DEPARTMENT
REQUEST FOR COPY OF A POLICE REPORT**

- () Traffic Accident \$18
- () Crime or other incident report \$18
- () Dispatch incident printout \$18
- () Traffic Accident with reconstruction (Fatal or Near-Fatal Traffic Accident).
Please contact the Records Unit for verification of fees at (909) 356-7103 or
PDRecords@fontana.org

YOU MUST INCLUDE A PHOTOCOPY OF YOUR IDENTIFICATION
Acceptable forms of identification - valid Driver's License, Passport, Alien Resident card.

PAYMENT IS REQUIRED BEFORE YOUR REQUEST CAN BE PROCESSED.

IF THE REPORT IS NOT AVAILABLE, IT WILL BE MAILED TO YOU AS SOON AS POSSIBLE.

Case number or incident number: _____

Type of Incident: _____ Date & Time of Incident: _____

Location of Incident: _____

Print your name: _____ Phone: () _____

Address (incl. zip) _____

Email address: _____

➤ What is your involvement in this case? (Check box)

Driver Passenger Pedestrian Property Owner Victim

Other (specify) _____

Attorney (name of person you represent) _____

Insurance Company (name of insured) _____

Other Agency (Name of Agency) _____

➤ What is your interest in this incident? Please explain why you need a copy of this report.

Signature _____ Date _____

*Mail completed request to Fontana Police Department, Records Unit
17005 Upland Avenue, Fontana, CA 92335*

Office Use Only:

Payment received by: _____ Receipt # _____ Date _____

Mailed Released by _____ Date _____

Not released Reason: _____