CSU SAN MARCOS POLICE
DEPARTMENT
425 La Moree Road  (760) 750-4567
San Marcos, CA 92078  (760) 750-3012 (Fax)

Request For A Police Report

Date & Time of Occurrence

Accident

Location of Incident
Name of Party Involved or Property Owner

Type of Report: □ Accident □ Incident □ Crime

Case Number

Name of Report Requestor and or Agency

Date of Request

Mailing Street Address
City

State
Zip Code

Telephone Number

Method of Delivery
□ Mail to Address Above
□ Pick-Up at Police Station

CDL# (Driver's License Number)

Party of Interest (Please Check One)

□ Person Involved:
  Driver, Passenger, Pedestrian or Victim

□ Property Owner

□ Authorized Individual
  (Signed Authorization is Required)

□ Parent/Guardian of Juvenile Party

□ Representative of Insurance Co. or Insurance Adjusting Agency

□ Attorney

□ Other Party of Interest (Explain):

□ Other:________________________________________________________________________________

Report Release / Rejection Notice:

Release Authorized (Yes) (No) By: __________________________

Lt. Flores or Lt. Miller

Requestors
Signature: ___________________________________________

Date: __________________________

We are unable to fulfill your request for a copy of the police report based upon the following:

□ Report includes information that is not subject to release to the general public, pursuant to Government Code Section 6254(f).

□ We were unable to locate the case with the information you supplied. Case does not exist or wrong law enforcement agency.

□ Report would be available during discovery/at trial.

□ Other:________________________________________________________________________________