



REQUEST AUTHORIZATION FORM - RELEASE OF CASE INFORMATION

Please note that members of the public, including suspects and arrestees, are generally not entitled to crime or traffic collision reports. (See Gov't Code, § 7923.600; Veh. Code, § 20012.) A request below will be processed in accordance with applicable laws.

DATE REPORT REQUESTED _____ CASE NUMBER _____

REQUESTOR'S NAME _____

ADDRESS _____

EMAIL ADDRESS _____ CONTACT PHONE # _____

I certify that I am one of the following (if applicable):

Table with 2 columns: Crime Reports and Traffic Collision Reports. Each column contains a list of checkboxes for different roles (victim, representative, insurance carrier, etc.).

***If you are an attorney seeking a Traffic Collision Report and you represent any of the persons identified in the second column above, please complete the following, pursuant to Vehicle Code section 20012.

I declare under penalty of perjury that I represent a party entitled to the Traffic Collision Report, under Vehicle Code section 20012.

Signature: _____ Date: _____

EMAIL TO: _____ -OR- MAIL TO: _____

E-mail Completed Form to reportrequest@ocsheriff.gov