



CSU CHANNEL ISLANDS POLICE DEPARTMENT  
1 UNIVERSITY DR. CAMARILLO, CA 93012  
(805) 437-8444 Fax (805) 437-8440

## APPLICATION FOR RELEASE OF TRAFFIC COLLISION/CRIME REPORT

**NOTICE:** THE THEFT OR ALTERATION OF AN OFFICIAL DOCUMENT IS A FELONY  
PUNISHABLE UNDER SECTION 6201 OF THE GOVERNMENT CODE

CASE NO: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ REPORT TYPE: ☐ CRIME  
☐ TRAFFIC COLLISION  
REASON FOR REQUEST: \_\_\_\_\_ ☐ OTHER

### APPLICANT INFORMATION

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### PARTY OF INTEREST

- ☐ ATTORNEY  
☐ AUTHORIZED REPRESENTATIVE OF DRIVER/ OWNER/ VICTIM  
☐ OTHER PARTY OF INTEREST \_\_\_\_\_  
☐ REPRESENTATIVE OF INSURANCE COMPANY  
☐ VICTIM

### CHECK ONE

- ☐ WILL PICK UP  
☐ RETURN BY MAIL (ABOVE ADDRESS)

I CERTIFY THE ABOVE INFORMATION APPLIED FOR IS NECESSARY IN THE DUE  
ADMINISTRATION OF THE LAW AND NOT FOR THE PURPOSE OF ASSISTING A PRIVATE  
CITIZEN IN CARRYING ON HIS/HER PERSONAL INTEREST OF MALICIOUSLY OR USELESSLY  
HARASSING, DEGRADING, OR HUMILIATING ANY PERSON (11105 PC COO OF OCT 13, 1970)

**I DECLARE UNDER THE PENALTY OF PERJURY, THAT I AM, OR I REPRESENT, THE PARTY OF  
INTEREST IDENTIFIED IN THE REPORT RECORDED HEREON. I UNDERSTAND THAT THE  
PROCESSING OF THE REPORT MAY TAKE UP TO TEN (10) WORKING DAYS.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### (OFFICIAL USE ONLY)

☐ APPROVED ☐ DISAPPROVED

AUTHORIZED BY \_\_\_\_\_ DATE: \_\_\_\_\_