

SANTA CRUZ POLICE DEPARTMENT RECORD REQUEST

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Accident Report Fees* Please make your check payable to "City of Santa Cruz"
Crime Report Fees* (Fees will be calculated based on the number of pages in the report.)
Fees Change Annually – For an updated Fee Schedule visit:
<http://www.cityofsantacruz.com/government/city-departments/police/permits-and-forms>
*fee only applicable for hard copy of report

Include a *Copy of your Photo I.D.* AND your Check made out to: "City of Santa Cruz"

If you were cited or arrested in relation to the requested crime report,
contact the District Attorney's office for the requested documents at (831) 454-2400.

Please complete all four sections below and sign. **ONLY one report per request form.** Provide as much information as possible.

1. Your Name: _____
First Name Last Name
Address: _____
Street Number Street Name City State Zip Code
Telephone: _____ Email: _____
I would like the records: ☐ Emailed ☐ Mailed

2. Check applicable type of report: ☐ Traffic Accident ☐ Crime Report ☐ Calls for Service
☐ Clearance Letter ☐ Local Summary Record (arrests only)
Case Report Number: _____
Date of Incident: _____
Location of Incident: _____

3. I certify that I am a:

<input type="checkbox"/> Suspect	<input type="checkbox"/> Owner of vehicle or property damaged in accident*
<input type="checkbox"/> Victim* - please turn form over	<input type="checkbox"/> Attorney of party with proper interest
<input type="checkbox"/> Driver involved*	<input type="checkbox"/> Requesting information for scholarly, journalistic, or investigatory purposes (please complete and sign Form A)
<input type="checkbox"/> Guardian or conservator of individual listed in Report*	<input type="checkbox"/> A law enforcement/government agency representative (please complete and sign Form B)
<input type="checkbox"/> Parent or guardian of minor individual listed in Report*	<input type="checkbox"/> Requesting Report pursuant to Penal Code section 679.10*
<input type="checkbox"/> Authorized representative of individual listed in report (includes spouse)*	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Named person injured in accident*	
<input type="checkbox"/> Requesting a clearance letter or local summary record for which I am the subject*	
<input type="checkbox"/> Requesting calls for service	

* Must provide proof of identity before records can be released.

4. Verification of ID Provided*:

☐ Driver's License, Government Issued ID Card, Matricula Consular Card, or Passport
☐ Minor's Birth Certificate

* Both must be provided before records can be released to a parent or legal guardian.

I declare under penalty of perjury, that the foregoing is true and correct.

EXECUTED on this _____ day of _____, 202__.

Signature

Print Name

VICTIM RECORD REQUEST – FAMILY CODE § 6228

Please read the categories in section 3 below to determine if your request falls under **FAMILY CODE § 6228**.

IF YES: PLEASE FINISH FILLING OUT THE REQUEST FORM BELOW (PAGE 2).

IF NO: PLEASE ONLY COMPLETE PAGE 1 ON THE OTHER SIDE.

3. I certify that I am ☐ a victim ☐ a representative of a victim of a crime that constitutes an act of the following:
- (1) Domestic violence, as defined in Family Code Section 6211.
 - (2) Sexual assault, as defined in Sections 261, 261.5, 265, 266, 266a, 266b, 266c, 266g, 266j, 267, 269, 273.4, 285, 286, 287, 288, 288.5, 289, or 311.4 of, or former Sections 262 or 288a of, the Penal Code.
 - (3) Stalking, as defined in Section 1708.7 of the Civil Code or Section 646.9 of the Penal Code.
 - (4) Human trafficking, as defined in Section 236.1 of the Penal Code.
 - (5) Abuse of an elder or a dependent adult, as defined in Section 15610.07 of the Welfare and Institutions Code.

4. Check type of records requested: ☐ Incident Report ☐ Photographs ☐ 911 Recordings

5. Verification of ID Provided*:

- ☐ Victim: Driver's License, Government Issued ID Card, Matricula Consular Card, or Passport
- ☐ Representative of Victim: Driver's License, Government Issued ID Card, Matricula Consular Card, or Passport
- ☐ Death Certificate

** Representative of deceased victim must present certified copy of death certificate or other satisfactory evidence of death of victim.*

6. *To be completed by representative of victim only.*

- ☐ I certify that I am the representative of the deceased victim in the above referenced case and that I am:
 - ☐ The surviving spouse. ☐ A domestic partner
 - ☐ A surviving adult relative. ☐ A surviving parent of the decedent.
 - ☐ The public administrator. ☐ A surviving child who has attained 18 years of age.
 - ☐ The personal representative of the victim, as defined in Probate Code section 58.
- ☐ I certify that I am the representative of the living victim* in the above referenced case and that I am:
 - ☐ An attorney for the victim. ☐ A conservator of the victim.
 - ☐ A parent, guardian, adult child, or adult sibling of the victim.

** Representative of a living victim must provide Victim Authorization Form. Not required for conservator of victim. Additional documentation of status may be requested.*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED on this _____ day of _____, 202__.

Signature

Print Name