

**OFFICE OF THE CHIEF OF POLICE**

**NOTICE**

10.4

October 25, 2019

**TO:** All Department Personnel

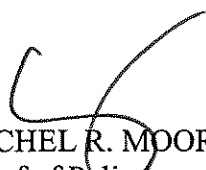
**FROM:** Chief of Police

**SUBJECT: LOS ANGELES POLICE DEPARTMENT RECORDS AND  
IDENTIFICATION DIVISION APPLICATION FOR RELEASE OF  
CRIME OR TRAFFIC COLLISION REPORT – REVISED**

The purpose of this Notice is to revise the Los Angeles Police Department Records and Identification Division Application for Release of Crime or Traffic Collision Report.

The revisions to this form include the assignment of a new form number and revisions to the report copy fee structure. Additionally, this form has been re-created to incorporate a fillable field, portable document format (PDF). This form is attached for immediate use and duplication, and is available in E-Forms on the Department's Local Area Network.

Any questions regarding this Notice may be directed to Records and Identification Division, at (213) 486-8170.



MICHEL R. MOORE  
Chief of Police

Attachment

DISTRIBUTION "D"

**LOS ANGELES POLICE DEPARTMENT  
RECORDS AND IDENTIFICATION DIVISION  
APPLICATION FOR RELEASE OF CRIME OR TRAFFIC COLLISION REPORT**

Your Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**You are: (Check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Person involved (victim, driver, passenger)       | <input type="checkbox"/> Parent/guardian of an involved juvenile              |
| <input type="checkbox"/> Attorney  | <input type="checkbox"/> Property owner                                       |
| <input type="checkbox"/> Insurance company                                 | <input type="checkbox"/> Other party of interest (please specify below) _____ |
| <input type="checkbox"/> Authorized person (signed authorization required) |   |

Date and Time of Incident: \_\_\_\_\_

**Report Requested: (check all that apply.)**

Traffic Collision Report.....\$17  
 Traffic Collision Photograph.....\$5  
 Stolen or Recovered Vehicle.....\$26  
 Crime Report (indicate crime)...\$26

**(Submit a separate check for each item selected above.)**

**License plates of involved vehicles:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DR Number:** (LAPD Report No. and/or Incident No.) \_\_\_\_\_

**Location of Incident: (Exact street address.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 Or Cross Streets: \_\_\_\_\_ and \_\_\_\_\_

**Names of other Involved Parties:**

\_\_\_\_\_  
 \_\_\_\_\_

**TRAFFIC COLLISION REPORTS:** These reports are provided to a party of the collision or their representative (attorney, insurance company or parent of a minor child), or any person suffering bodily injury or property damage or loss as a result of the collision, as provided in Section 20012 of the California Vehicle Code. Attorneys should provide a client release form. Parents/guardians of involved minor parties must provide proof of relationship.

**CRIME REPORTS:** These reports are provided to a victim or victim's representative (attorney, insurance company or parent of a minor child), insurance company against which a claim has been made or any person suffering bodily injury, property damage or loss as a result of a crime. Crime reports are not released to arrestees or alleged suspects. Domestic Violence reports are provided at no cost to victims. Attorneys should provide a client release form. Parents/guardians of involved minor parties must provide proof of relationship.

**ARREST REPORTS:** Records and Identification Division does not release arrest reports. If you have a pending trial, contact the City Attorney's Office (misdemeanor) or District Attorney's Office (felony). An Arrest Summary, as identified by the California Government Code, Section 6254(f), may be obtained from the Discovery Section, Legal Affairs Division, Los Angeles Police Department (LAPD), by calling (213) 847-3615.

**Please submit this application along with a check or money order in the amount payable to the LAPD. If requesting a Traffic Collision Photo, please include an additional check for \$5.00. Submit a separate application and payment for each requested report. Mail the application with your payment to the following address:**

**Los Angeles Police Department  
Records and Identification Division  
Document Processing Unit  
P.O. Box 30158  
Los Angeles, California 90030**

Fees effective July 1, 2019 through June 30, 2020

**LOS ANGELES POLICE DEPARTMENT  
RECORDS AND IDENTIFICATION DIVISION  
SOLICITUD PARA OBTENER REPORTE DE CRIMEN O ACCIDENTE DE TRÁFICO**

Su Nombre:	Fecha de Hoy:
Apellido: _____ Nombre(s): _____	Fecha de Nacimiento:
Domicilio: _____ No. de Teléfono: _____	

**Usted es: (Seleccione uno)**

<input type="checkbox"/> Persona involucrada (victim, conductor de vehículo, ó pasajero)	<input type="checkbox"/> Padre ó guardían del menor de edad
<input type="checkbox"/> Abogado	<input type="checkbox"/> Dueño de propiedad
<input type="checkbox"/> Representante de la compañía de seguros	<input type="checkbox"/> Otras personas interesadas (especifique) _____
<input type="checkbox"/> Persona autorizada (autorización firmada es requerida)	

<b>Fecha y Hora del Incidente:</b>	<b>Tipo de Reporte: (seleccione todas las que correspondan)</b>	<b>Placas de Vehículos Involucrados:</b>
<b>DR Number:</b> (LAPD Report No. y/o Numero de Incidente)	<input type="checkbox"/> Reporte de Accidente de Tráfico....\$17 <input type="checkbox"/> Fotografías de Accidente de Tráfico..... \$5 <input type="checkbox"/> Robo o Vehículo Recuperado..... \$26 <input type="checkbox"/> Reporte de Crimen.....\$26 (Indique crimen): (Incluye un cheque por cada artículo solicitado)	_____ _____ _____ _____

**Lugar del Incidente: (Domicilio exacto.)**

\_\_\_\_\_

Ó Cruce de Calles: \_\_\_\_\_ Y \_\_\_\_\_

**Nombres de otras Personas Involucradas:**

\_\_\_\_\_

\_\_\_\_\_

**REPORTE DE ACCIDENTE DE TRÁFICO:** Sólo serán proporcionados a personas involucradas en accidentes o su representante (abogado, compañía de seguros o padres de un menor de edad), o cualquier persona que sufra de lesiones corporales o pérdidas/daños a la propiedad como resultado de un accidente. Esto es de acuerdo con el código de California vehiculos de la sección 20012. Abogados deben proporcionar una autorización de su cliente. Padres/guardianes de menor de edad deben aportar prueba de parentesco.

**REPORTES DE CRIMEN:** Sólo serán proporcionados a víctimas o su representante (abogado, compañía de seguros o padres de menor de edad), o compañía de seguros contra la cual se hizo un reclamo o cualquier persona que sufra lesiones corporales o pérdidas/daños a la propiedad como resultado de un crimen. Reportes de crimen **NO** pueden ser proporcionados a detenidos ni a sospechosos. Reportes de Violencia Doméstica son proporcionados sin costo alguno a las víctimas. Abogados deben proporcionar una autorización de su cliente. Los padres/guardianes de menor de edad deben aportar prueba de parentesco.

**REPORTES DE ARRESTO:** Records and Identification Division no proporciona reportes de arrestos. Si usted tiene un juicio pendiente, póngase en contacto con la oficina del City Attorney's (delito menor) o la oficina del District Attorney's (felonia). De acuerdo con el código administrativo de California, de la Sección 6254(f), cierta información de arrestos puede obtenerse de la oficina de LAPD Discovery Section, Legal Affairs Division, Los Angeles Police Department (LAPD), llamando al (213) 847-3615.

**Por favor, envíe esta solicitud junto con su cheque o giro postal por la cantidad de pagable al LAPD. Si solicita una Fotografía de Accidente de Tráfico, incluya un cheque adicional de \$5.00. Por cada reporte solicitado tendrá que enviar una solicitud y un pago. Envíe su solicitud a:**

Los Angeles Police Department  
Records and Identification Division  
Document Processing Unit  
P.O. Box 30158  
Los Angeles, California 90030

Tarifas vigentes desde el 1º de julio de 2019 hasta el 30 de junio 2020