



Fortuna Police Department 621 11th Street, Fortuna, Ca 95540 (707)725-7550 www.friendlyfortuna.com

REQUEST FOR REPORT

PROCEDURES FOR REQUESTING A REPORT

Use this form to request all types of police reports, including traffic collision reports. Additional blank copies of this form are available in the lobby of the Fortuna Police Department at 621 11th Street, Fortuna, CA 95540.

This form must be filled out completely and signed. If you are authorized by law to receive a copy of a Fortuna Police Department report, your request will be accepted and processed. The turnaround time for releasing completed police reports is ten (10) business days. Completed applications and checks should be present in person or mailed to the following:

Fortuna Police Department
 Attn: Records
 621 11th Street
 Fortuna, Ca 95540

The Fortuna Police Department charges a non-refundable fee of **\$10.00** for processing each application for release of a police report.

TRAFFIC COLLISION REPORTS

Traffic collision reports are normally released to persons of proper interest per CVC 20012. Attorneys representing involved parties must submit a signed authorization of the individual represented and insurance companies must include a policy or claim number on this application form. You may request a copy with this department or visit crashdocs.org to obtain the report online.

CRIME REPORTS AND ARREST REPORTS

Crime and Arrest reports which were sent to the Humboldt County District Attorney's Office for consideration may be releasable by the Fortuna Police Department upon the direction of the Humboldt County District Attorney's Office. Crime reports that were not sent to the Humboldt County District Attorney's Office are generally available through this department.

If you have questions regarding your report request, please contact the Records Department at (707)725-1424.

Case # (if known)			
Date Reported:		Officer:	
Type of Crime or Incident:			
Location of Incident:			
Name of person or business involved:		Date of Birth:	
Person requesting report:			
Last	First	MI	
Name of business requesting report:			
Address:			
Numbers/Street	City	State	Zip Code
Phone #:		Fax #:	
INVOLVEMENT (check one)			
<input type="checkbox"/> Victim	<input type="checkbox"/> Registered Owner	<input type="checkbox"/> Witness	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Parent of Victim Under 18	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Driver	
<input type="checkbox"/> Attorney (requires signed authorization of individual represented)			
<input type="checkbox"/> Representative of Insurance Company - Policy/Claim #: _____			
CERTIFICATION			
I declare under penalty of perjury, that the information above is true and correct:			
Signature: X _____			
FORTUNA POLICE DEPARTMENT USE ONLY			
RECEIVED BY:		PROCESSED BY:	
DATE:		DATE:	
PAID: <input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> MAILED	<input type="checkbox"/> IN PERSON