



DEPARTMENT NOTICE

23-119

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Revised SFPD 491 and SFPD 591 Forms

SFPD 491 Request for Incident Report form and SFPD 591 Request for Incident Report: Family Code § 6228 form has been revised, removing the requirement for a self-addressed stamped envelope when requesting an incident report via U.S. Mail.

The forms have been translated into Spanish, Chinese, Russian, and Tagalog. Members shall immediately begin use of the revised forms dated 07/23 and recycle outdated forms. Copies of the revised forms are attached to this notice and can be located in the SFPD Forms folder and in PowerDMS.


WILLIAM SCOTT
Chief of Police

Per DN 20-150, all sworn & non-sworn members shall electronically acknowledge this Department document in PowerDMS. Members whose duties are relevant to this document shall be held responsible for compliance. Any questions regarding this policy should be made to sfpd.writtendirectives@sfgov.org who will provide additional information.

Internal Use Only:

Date request received:

Date provided/mailed:

Date person notified if extension needed:

ID/DL for pick-up:

Request for Incident Report

Mail request to: San Francisco Police Department
Report Management Section
1245 3rd Street, San Francisco, CA 94158-2102

Or email to: sfpd.records@sfgov.org

There is no legal requirement to fill out this form in its entirety. However, certain individuals are entitled to receive more information pursuant to California Government Code § 6254 (f). The more information you provide may help the Department determine the amount of information provided to you.

Your name: _____

Address: _____

City, State, Zip: _____

Contact Phone: _____ Email: _____

S.F. Police Report #: _____

Name of Party Listed in Report, if not requestor: _____

Date of Birth: Month _____ Day _____ Year _____

Your interest in this incident: _____

Type of Incident: _____

Date/Time of Occurrence: _____

Location of Occurrence: _____

Vehicle Involved (License plate number/state/year, make, model and color): _____

Please indicate how you would like to receive the requested incident report. (Allow 10 business days from the date of your request for processing):

- U.S. Mail
- Email: _____

Pick-up from 1245 3rd Street, 1st Floor, San Francisco, CA 94158, Monday-Friday (8:00am – 5:00pm), closed on weekends and holidays. Please call 415-575-7232 to confirm your report is ready for pick-up.

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

Signature

Date

Note: TRAFFIC COLLISION REPORTS ARE ONLY PREPARED FOR HIT & RUN, DRUNK DRIVING AND PERSONAL INJURY CASES. Some reports are restricted and/or inaccessible.

Internal Use Only:

Date request received: _____

ID type verified: _____

Date provided/mailed: _____

Date of "Notice of Good Cause", if needed:

RMS Staff ID#: _____

Supervisor's Name & Star #:

Unit Issued (circle one): SVU / CISU

Request for Incident Report: Family Code § 6228

(Domestic Violence, Sexual Assault, Stalking, Human Trafficking, or Abuse of an Elder or Dependent Adult)

Request: San Francisco Police Department
Records Management Section
1245 3rd Street, San Francisco, CA 94158-2102
sfpd.records@sfgov.org

Under CA Family Code § 6228, incident reports requested by a victim or his or her representative for the alleged crimes of domestic violence, sexual assault, stalking, human trafficking, and abuse of an elder or dependent adult are entitled to receive copies within **five** working days of the request, unless good cause for delay exists. If good cause exists, reports shall be released no later than **ten** working days after request is made.

SECTION 1

Requestor's name: _____ Victim Name (if different from Requestor): _____

Contact Phone: _____ Email: _____@_____

Victim Info: Date of Birth: Month _____ Day _____ Year _____

Address: _____ City, State, Zip: _____

S.F. Police Report #: _____

Date/Time of Occurrence: _____ Location of Occurrence: _____

Type of Incident (check one): Domestic Violence Sexual Assault Stalking Human Trafficking
 Elder or Dependent Adult Abuse

I require an expedited copy of incident report, for a court hearing in less than five days (required to submit proof of the Superior Court Notice of Court Hearing with this form).

Pursuant to Family Code § 6228 I am the named **victim** and as such request a copy of the incident report (if checked, skip to "Section 2" for identification requirements).

OR

Pursuant to Family Code § 6228 I am an authorized **representative** and as such request a copy of the incident report.

The Victim is alive and I am (check the appropriate box)

A parent, guardian, or adult child of the victim, or an adult sibling of a victim 12 years of age or older.

An attorney for the victim. State Bar No.: _____

A conservator of the victim.

The Victim is deceased and I am (check appropriate box)

The surviving spouse.

A surviving child of the decedent who has attained 18 years of age.

A domestic partner, as defined in subdivision (a) of Section 297.

A surviving parent of the decedent.

- A surviving adult relative.
- The personal representative of the victim, as defined in Section 58 of the Probate Code, if one is appointed.
- The appointed public administrator.
- As the **representative** I have not been convicted of murder in the first degree, as defined in Section 189 of the Penal Code, of the victim or any person identified in the incident report face sheet.
- I am not a suspect in this case.

SECTION 2

Identification required:

- Any current identification including, valid driver's license, SF City ID card, a state-issued ID card, or a passport.
- A guardian shall also present a copy of his or her letters of guardianship.
- An attorney for the victim, shall present ID and written proof that he or she is the attorney for the victim.
- A conservator of the victim shall present ID and a copy of his or her letters of conservatorship.
- A personal representative (parent, guardian, adult child or adult sibling) of the victim, if victim is alive and not the subject of a conservatorship, shall present ID and a written authorization, signed by the victim.
- A representative of a victim who is **deceased**, shall present a certified copy of the death certificate or other satisfactory evidence of the death of the victim at the time the request is made.
- If a victim is unable to provide photo ID at the time of the request, the Department, in its sole discretion, may provide the victim with a copy of an incident report if they can provide other satisfactory evidence of their identity.

SECTION 3

Please indicate how you would like to receive the requested incident report. If you submitted your request in-person, you have the option to receive the incident report via Email or U.S. Mail. If you submitted your request via Email or U.S. Mail, you are required to pick-up the incident report in person in order for SFPD to verify your identification. Allow 5 working days from the date of your request for processing:

- U.S. Mail
- Email: _____
- Pick-up from 1245 3rd Street, 1st Floor, San Francisco, CA 94158, Monday-Friday (8:00am – 5:00pm), closed on weekends and holidays. Please call 415-575-7232 to confirm your report is ready for pick-up.

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

Signature

Date

In the event you do not have the case number, or you are unclear if you are an authorized representative for this request, or you are outside of San Francisco and unable to submit or pick-up in person, please contact the Crime Information Services Unit (CISU) at 415-575-7232 for further assistance.