nternal Use Only: Date request received:	Request for Incident Report		
Date provided/mailed:			
Pate person notified if extension	- Mail request to:	San Francisco Police Department Report Management Section	
needed: D/DL for pick-up:	_	1245 3 rd Street, San Francisco, CA 94158-2102 sfpd.records@sfgov.org	
	Or email to:		
MS staff ID#:			
	ode § 6254 (f). The more	However, certain individuals are entitled to receive more information information you provide may help the Department determine the	
Your name:			
Address:			
City, State, Zip:			
Contact Phone: Email:			
S.F. Police Report #:			
Name of Party Listed in Report, if n	ot requestor:		
Date of Birth: Month			
Your interest in this incident:			
Date/Time of Occurrence:			
Location of Occurrence:			
Vehicle Involved (License plate num	nber/state/year, make, mo	del and color):	
Please indicate how you would like request for processing):	to receive the requested i	incident report. (Allow 10 business days from the date of your	
· · · · · · · · · · · · · · · · · · ·	G	size stamped envelope for your report to be processed).	
		A 94158, Monday-Friday (8:00am – 5:00pm), closed on	
weekends and holidays. Please call			
I declare under penalty of perjury ur	nder the laws of the State	of California that the foregoing is true and correct:	
Signature		Date	

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