



Accident Reports Fees Please make your check payable to "City of San Jose and in the dollar field write: "NOT TO EXCEED \$16.00" Crime Report Fees (Fees will be calculated based on the number of pages in the report.) Include a Copy of your Photo I.D. AND your Check made out to: "Visit the link below for instructions describing how to make out your check." Fees Change Annually – For an updated Fee Schedule visit: http://www.sipd.org/Records/Fees.html If you were cited or arrested in relation to the requested crime report, contact the District Attorney's office for the requested documents at (408) 299-7400 Please complete all four sections below and sign: ONLY one report per request form. Please include a self-addressed stamped envelope to ensure prompt delivery. (Type out information or print out and fill in by hand.)		
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1.	Your Name: Last Name	
	Address:	
	Telephone: Include Area Code	
2.	Check applicable type of report:	
	Vehicle Accident	
	Case Report Number	
	Date of Incident	
	_ocation of Incident:	
	Cross Street:	
	Other Party Involved:	
3.	certify that I am:	
	Named in the report: 🔲 (Check this box to certify that you are named in the requested report.)	
	An Insurance Agent:	
	(Name of Company)	
	A Government Agency:	
	(Person Named in the report)	
4.	Please provide in complete detail your reason for requesting a copy of this report:	
	Signature: Date:	
	Driver's License Number: State:	



POLICE REPORT REQUEST FORM 201 West Mission Street, San Jose, CA. 95110



California Vehicle Code Section 20012 makes all required accident reports and supplemental reports confidential except to the following persons. Please select the item that best describes your association with this accident or relationship with a person involved in this accident.

- □ The Driver
- Guardian or Conservator of driver

□ Parent of minor driver

- □ Injured person
- Vehicle owner

Owner of damaged property

- Person that may incur civil liability
- Attorney representing a client
- Other

I have reviewed Section 20012 of the California Vehicle code and have accurately selected the most appropriate item that describes my association to the accident or relationship with the accident victim.

We will be unable to process any accident reports that occurred outside of San Jose. This includes interstate highways that pass through the city, unincorporated areas of the city, other surrounding cities and county locations.

By selecting the "Yes" check box below, you are confirming that the incident did occur within the boundaries of the city of San Jose and that you are entitled to a copy of the report.

🗌 Yes

Attorneys must complete thi	s section

California Vehicle Code Section 20012 requires attorneys to declare under penalty of perjury that he or she represents any of the listed persons. Therefore, additional information is required before being allowed to obtain copies of CHP 555 (Accident Reports)

First Name _____

Last Name _____

Attorney Information

First Name _____

Last Name _____

Calif BAR # _____

FOR ATTORNEYS ONLY: By clicking "ok," I declare under penalty of perjury under the laws of the state of California, that I represent a listed person and all other information contained herein is correct and true.

🗌 Ok