



**City of Fowler**

128 South Fifth Street ♦ Fowler CA 93625  
Voice: 559-834-3254 ♦ FAX: 559-834-1284

**Police Department**

**Rudy Alcaraz**  
Chief of Police

**Fowler Police Department Report/Incident Request**

Type of Report: Traffic Accident  Crime/Incident  Case/Incident No. \_\_\_\_\_

**Fee: \$15.00 for each copy of report or incident (Excluding Victim's of Domestic Violence)**

Date of Incident/Accident: \_\_\_\_\_ Time of Incident/Accident: \_\_\_\_\_

Location of Incident / Accident: \_\_\_\_\_

Print name of person requesting copy: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

How are you involved? Driver  Injured  Arrested  Passenger  Witness  Victim  Owner  Suspect  Cited   
Cited  Parent  Attorney  Insurance Agent  Reporting Party  Other  \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Name/Address of Insurance Co.: \_\_\_\_\_

**\*Copies of reports or information are available only to those who have a right to know and need to know.**

**\* All requests for reports must be allowed a minimum of ten (10) working days to be reviewed and processed.**

\*Business hours: Monday thru Friday 8:00 AM to 12:00 PM / 1:00 PM to 5:00 PM, (from 12:00 – 1:00 lunch)

\* Any approved reports must be picked up within 10 working days from the date of original request. If report is not picked up, a new request may be required.

\* One form must be filled out for each Case or Incident number.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Office Use Only)

\*\* All requests must be submitted with a copy of the report or incident and must have the case or incident number when submitted.

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Released by: \_\_\_\_\_ Date: \_\_\_\_\_

Denied  Denied by: \_\_\_\_\_ Reason for denial: \_\_\_\_\_

**\*\*All REPORT REQUESTS MUST BE FILED WITH ORIGINAL REPORTS\*\***

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**Police Department**

**Rudy Alcaraz**  
Chief of Police

**Fowler Police Department / Solicitud de Reporte**

Tipo de Reporte: Accidente de Traffico  Crimen/Incidente  Numero de caso/incidente: \_\_\_\_\_

**Presio: \$15.00 por cada reported (Excluyendo Victimos(as) de Violencia Domestica)**

Fecha de Incidente/Accidente: \_\_\_\_\_ Hora de Incidente/Accidente: \_\_\_\_\_

Lugar de Incidente/Accidente: \_\_\_\_\_

Nombre de persona hacienda la solicitud: \_\_\_\_\_

**Domicilio/Numero de telefono:** \_\_\_\_\_

Cual es su involucamiento? Manejador  Herido  Arrestado  Pasajero  Testigo  Victimo(a)  Dueno  Culpable   
Citado  Padre/Madre  Abogado  Agente de seguro  Persona que hizo el reporte  Otro involucamiento

Nombre de Abogado: \_\_\_\_\_ Nombre/Comicio de Seguro: \_\_\_\_\_

\*Copias de reportes y informacion estara entregados solamente a los que tienen **el derecho de saber y nesecidad de saber.**

**\* Cada solicitud se tomara lo minimo de dias (10) dias de trabajo para estar revisado y preparado.**

\* Horario: lunes a viernes 8:00 AM to 12:00 PM / 1:00 PM to 5:00 PM (closed 12:00 – 1:00 para almuerzo)

\* Cada reporte tendra que hestar recogido dentro de diez (10) dias de trabajo del dia de la solictud original. Si el reporte no esta recogido, una nueva solicitud sera requerido.

\*Se require una solicitud para cada reporte/incidente.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_



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Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Released by: \_\_\_\_\_ Date: \_\_\_\_\_

Denied  Denied by: \_\_\_\_\_ Reason denied: \_\_\_\_\_

**\*\*All REPORT REQUESTS MUST BE FILED WITH ORIGINAL REPORTS\*\***