

Los Angeles Police Department

TRAFFIC COLLISION REPORT REQUEST

Please complete this form to request a copy of a Traffic Collision Report via United States Mail. Please enclose a check or money order in the amount of **\$30.00** payable to the **Los Angeles Police Department**. Additionally, insurance companies and representatives must also include a release form; and parents/guardians of juveniles must include proof of relationship. The request form, check/money order, and any release/proof forms should be mailed to:

**Los Angeles Police Department
Records and Identification Division
P. O. Box 30158
Los Angeles, CA 90030**

PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial:
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Address:

City:	State:	ZIP Code:
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Daytime Phone Number:	Cell Phone Number:	Date of Birth:
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TRAFFIC COLLISION INFORMATION

LAPD Report (DR) Number:	Date/Time of Occurrence:
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Location of Occurrence (Exact Address/Cross Streets):

Names of Parties Listed in the Report:

Vehicle(s) Involved (State/ License Plate Number):

Your Interest in This Report (Check One):

Involved Party Insurance Company Claim Number: _____
(Insurance companies must provide claim number and release form.)

Parent/Guardian Authorized Representative
(Proof of Relationship Enclosed) (Release Form Enclosed)

I declare this statement to be true and correct.

Signature:	Date:
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Note: A Traffic Collision Report is not always taken, even if officers are present. Often times, officers only ensure that the involved parties exchange the proper documentation for insurance purposes. The processing time for Traffic Collision Reports is currently five to six weeks. All requests for Traffic Collision Reports will be handled in the order received and will be delivered to the requester by return mail ONLY. Some reports are restricted and/or inaccessible. If we are unable to provide a copy of the report, your \$30.00 payment may be refunded by filing a City of Los Angeles Claim for Refund with the City Clerk's Office.