

**ESCONDIDO POLICE DEPARTMENT  
APPLICATION FOR RELEASE OF TRAFFIC/CRIME REPORT INFORMATION**

**NOTICE**

*THE THEFT OR ALTERATION OF AN OFFICIAL DOCUMENT IS A FELONY  
PUNISHABLE UNDER SECTION 6201 OF THE GOVERNMENT CODE*

CASE # \_\_\_\_\_

|  |                               |
|--|-------------------------------|
| DATE OF APPLICATION                            | DATE/TIME OF INCIDENT         |
| LOCATION OF INCIDENT                           | VICTIM/DRIVER/OWNER/PASSENGER |
| NAME OF APPLICANT/AGENCY/BUSINESS – REQUESTING | ADDRESS                       |
| PHONE # (____) _____ PHONE # (____) _____      |                               |

**PARTY OF INTEREST**

|                                   |   |   |   |
|-----------------------------------|---|---|---|
| <b>FAMILY MEMBER</b>              |   | <input type="checkbox"/> VICTIM – PERSON, BUSINESS  | <input type="checkbox"/> REPRESENTATIVE OF INSURANCE COMPANY OR INSURANCE ADJUSTING AGENCY ( <b>Policy Number or Claim Number Must be Presented</b> ) |
| <input type="checkbox"/> WIFE     | <input type="checkbox"/> HUSBAND        | <input type="checkbox"/> PERSON INVOLVED ( <b>Driver, Passenger, Pedestrian, Registered Owner</b> )               | <input type="checkbox"/> ATTORNEY ( <b>Must include Release from Client</b> )   |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> FATHER         | <input type="checkbox"/> AUTHORIZED INDIVIDUAL ( <b>Signed Authorization Required of Individual Represented</b> ) | <input type="checkbox"/> OTHER PARTY OF INTEREST ( <b>Specify</b> )   |
| <input type="checkbox"/> SON      | <input type="checkbox"/> DAUGHTER       |   |   |
| <input type="checkbox"/> GUARDIAN | <input type="checkbox"/> PROPERTY OWNER |   |   |

**CERTIFICATION**

I DECLARE, UNDER THE PENALTY OF PERJURY, THAT

I AM

I REPRESENT

I AM AN ATTORNEY REPRESENTING

THE PARTY OF INTEREST IDENTIFIED IN THE REPORT RECORDED HEREON.

SIGNATURE \_\_\_\_\_

**FOR POLICE DEPARTMENT USE:**

REQUEST REVD. BY \_\_\_\_\_ ID# \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
DATE EXPEDITED \_\_\_\_\_ BY \_\_\_\_\_ ID# \_\_\_\_\_ METHOD \_\_\_\_\_

ESPD #122 On-Line S://Authorized Forms/Application for Release of Traffic/Crime Report (Rev 02/13)

**INSTRUCTIONS:** Please fill out and submit this request either in person or by mail to:



**Escondido Police Department  
1163 N. Centre City Parkway  
Escondido, CA 92026  
Attn: Records**



If request is mailed, a police department representative will contact you to come to the police department to provide proper identification and payment for the requested report. Requests take from 4 to 10 business days to be processed. All reports are subject to release in accordance with the California Public Records Act.