

<b>Request for Police Report</b>	Type report: <input type="checkbox"/> Traffic Accident	<input type="checkbox"/> Other
Location of Incident:	Date of Incident:	Times: A.M. P.M.
Name of Person Involved in Incident:		Case Number (If Known):
Address:	Purpose of Request	
	Review Only <input type="checkbox"/>	
	Hand Copy <input type="checkbox"/>	
Purchase Copy <input type="checkbox"/>		
Requested By: (Print)		
Address (For mailing purposes):	LEAVE BLANK FOR OFFICE USE ONLY	
	Case Number:	
	File Code	
Phone Number:	Records Clerk:	

Information Entries must be Correct and Complete

LOPD Form 102 (SEPT 07)