



RICHMOND POLICE DEPARTMENT
Central Records Unit
Police Records

RECORD REQUEST

REPORT TYPE: *(Place a check mark in the appropriate box indicating the type of report you wish to obtain.)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Vehicle Accident | <input type="checkbox"/> Vandalism/Property Damage | <input type="checkbox"/> Hit & Run Accident |
| <input type="checkbox"/> Death Investigation | <input type="checkbox"/> Theft from Motor Vehicle | <input type="checkbox"/> Stolen Property |
| <input type="checkbox"/> Accident on city property | <input type="checkbox"/> Motor Vehicle Theft | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Theft from Building | <input type="checkbox"/> Assault | <input type="checkbox"/> Burglary |
| <input type="checkbox"/> Other <i>(Briefly explain what happened.)</i> | | |

REPORT NUMBER *(Provide if known):* _____

DATE *(of accident/incident):* _____

NAME: _____

LOCATION OF INCIDENT: _____

TIME OF INCIDENT *(if known):* _____

COMPANY NAME *(if applicable):* _____

REQUESTOR'S SIGNATURE: _____

FOR OFFICIAL USE ONLY

Accident Incident Accident on city property

REPORT NUMBER: _____

RECEIPT NUMBER: _____

REPORT ISSUED BY: _____

Money Order/Check (cashiers/bank draft) # Cash

DATE MAILED: