

**METROPOLITAN POLICE DEPARTMENT – CITY OF ST. LOUIS
RECORDS SECTION**

REQUEST FOR INCIDENT/ACCIDENT REPORT

DATE _____

(PLEASE PRINT)

DATE OF OCCURRENCE REPORTED TO POLICE _____
Month Day Year

TYPE OF POLICE REPORT (BURGLARY, AUTO ACCIDENT, ETC.) _____

COMPLAINT NUMBER _____ PLACE OF OCCURRENCE _____
Street Address

NAMES OF PERSONS INVOLVED: (1) _____
Last First Middle

(2) _____
Last First Middle

ALL RECORDS REQUESTS ARE REVIEWED TO ENSURE COMPLIANCE WITH ALL APPLICABLE LAWS.

In the requested report, I am the:

VICTIM SUSPECT WITNESS named in the report PROPERTY OWNER

I am not named in the report but am a family member acting on behalf of someone named in the report.*

*ADDITIONAL INFORMATION MAY BE REQUIRED.

SOURCE OF IDENTIFICATION _____

ATTORNEYS AND INSURERS ARE REQUIRED TO SUBMIT REQUESTS VIA U.S. MAIL.

SIGNATURE _____
Individual or Authorized Representative