

METROPOLITAN POLICE DEPARTMENT – CITY OF ST. LOUIS REQUEST FOR CRASH REPORT/CRIMINAL INCIDENT REPORT



This form may be submitted ONLY by persons involved in crashes or criminal incidents, or their authorized representatives. Persons NOT involved, insurance companies, or attorneys must submit an online or written Sunshine request. Release is subject to provisions of Section 610.100.4 of the Missouri Sunshine Law.

Mail or submit form in-person to: Records Service Center, 1915 Olive Street, St. Louis, MO 63103 For instructions on how to submit an online request, please visit www.slmpd.org/records.shtml.

A.	A. I AM SUBMITTING THIS REQUEST (Select One):			
	□ IN-PERSON	□ *BY MAIL Mail to:		ONLINE
	*All requests submitte	ed by mail or online must be prope	erly notarized.	
В.	REQUESTOR NAME		PHONE	EMAIL
C.	Involved Person was the	Different than Requestor): e (Required): r	ner 🗆 Victim 🗆 Suspect	
	1. I am involved in this incident OR requesting this report on behalf of a *deceased or incompetent person who was an involved person. *Requires proof of relationship-see section E.			
				d party, with the below authorized release. ease this report to the following individual.
	(In	volved Person Name. Please Print.	Signature and Notarization Requi	red Below)
D.	COMPLETE AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE TO ASSIST IN LOCATING THE REPORT:			
	Date of Incident: M	onth Day Year	Complaint Number:	_
	Name of Person(s) Inv	olved:		
E.	IDENTIFICATION VERIFI	CATION:		
 For an in-person request, you must display State-issued photo identification OR a valid passport. If the information involve you, the report must be notarized by the involved person. All mail and/or online requests require notarization. Proof of relationship is required if you are requesting a report of a deceased or incompetent involved party of a close relative (e.g., spouse, child, parent, grandparent, or have a statement from a doctor). 				etent involved party or a minor. You must be
F.	REQUESTOR SIGNATUR			D SOURCE: (Internal Use)
		(Requ	iired)	(Internal Ose)
G.	INVOLVED PARTY SIGNATURE: (Required if #2 of Section C is checked and completed)			
	inequired ij #2 oj Section C is thethed and completed)			
н.	NOTARY (If Required): State of Missouri County of			
	I, before me, set forth and declared t	, a Notary Public, do hereby ce , who declares he hat the statements herein contain	rtify that on the day e/she is the individual executing the ed are true.	of, 20, personally appeared e foregoing document in the capacity herein
	IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.			
	Notary Public	·	. ,	
			<u></u>	