

Gustine Police Department

682 Third Avenue • Gustine California, 95322

• FAX (209)-854-1205

• HTTP://www.cityofgustine.com

PLEASE REVIEW BEFORE COMPLETING YOUR REQUEST

- 1) If this request is for your Insurance Agency, please instruct your Insurance Agent to request the report by mail. They may submit their written request to Gustine Police Department/Records, 682 Third Avenue, Gustine, CA 95322.
- 2) If the request involves a juvenile criminal matter, the report may be forwarded to the Merced County Juvenile Court for review and approval. (T.N.G. vs. Superior Court 4 Cal. 3d 767). The Court requires that you provide a detailed explanation of your need for the report by completing a "Petition To Obtain Report Of Law Enforcement Agency/Juvenile" (JV-575).
- 3) If you are listed as the arrested person in the report, you may contact the Merced County Superior Court, 445 I Street, Los Banos, Ca, 93635 or 670 W. I Street, Merced CA, 95340, to request a copy of the report.
- 4) Government Code Section 6254(f) identifies certain information that must be made available to victims of specified crimes unless release of the information would endanger the safety of a person or the successful completion of an investigation.
- 5) **IDENTIFICATION VERIFICATION IS REQUIRED FOR ALL REQUESTS.** You must present a valid Driver's License or Photo Identification. If you are requesting the report via the internet, <http://www.gustinepolice.com> fax a copy of this request along with a copy of your identification to 209-854-1205. There is no fee for internet requests.
- 6) This agency has ten (10) days to respond to your request. The report or notification of denial will be mailed.

DATE OF REQUEST: _____

TYPE OF INCIDENT: TRAFFIC ACCIDENT BURGLARY/THEFT AUTO THEFT ASSAULT OTHER: _____

RELATIONSHIP TO THE INCIDENT/REPORT: VICTIM INVOLVED OTHER _____

REASON REPORT IS NEEDED: _____

REPORT NUMBER (IF KNOWN): _____

IF REPORT NUMBER IS NOT KNOWN, THE FOLLOWING MUST BE COMPLETED:

DATE/TIME OF OCCURRENCE/INCIDENT: _____

STREET NAME/ADDRESS OF OCCURRENCE/INCIDENT: _____

VEHICLE LICENSE PLATE/DESCRIPTION OF VEHICLE: _____

NAME(S) OF PARTIES INVOLVED: _____

ADDITIONAL INFORMATION THAT MAY BE HELPFUL: _____

THE FOLLOWING PERSONAL INFORMATION MUST BE COMPLETED:

FIRST NAME: _____ LAST NAME: _____ DOB: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

ADDRESS LISTED ON REPORT (IF DIFFERENT FROM ABOVE): _____

HOME/CELL PHONE: _____ BUSINESS/EVENING PHONE: _____

BUSINESS NAME (IF APPLICABLE): _____

SIGNATURE OF REQUESTING PARTY

GPD Use Only: Date Received: _____ ID: _____ Processed by: _____
Date Released/Mailed On: _____ Date Denied: _____