



IMPERIAL COUNTY SHERIFF'S OFFICE
RAYMOND LOERA
 SHERIFF•CORONER•MARSHAL



CRIME / INCIDENT REPORT APPLICATION

MAIL YES _____

MAILING ADDRESS: _____

CR# _____

Receipt # _____ (attached)

Applicant: _____ **Address:** _____ **City/State/Zip** _____

Phone Home: _____ Date of Incident: _____ Date Reported _____
 Work: _____

Location of Incident: _____ Type of Incident: _____ Reporting Party: _____

PARTY OF INTEREST

*** INSURANCE COMPANIES ONLY ***

____ Person Involved (specify) _____

____ Other party of interest _____

____ Property Owner _____

____ Authorized individual* _____

____ Attorney* / name: _____

Name of Insurance agent

Name of Insured

Policy or Claim Number

Insurance Company Name

***Signed authorization required of individual represented**

CERTIFICATION

I declare, under the penalty of Perjury that _____ I am, _____ I Represent, _____ I am an attorney, representing the party of interest identified in the report recorded hereon.

Signature of Applicant: _____ **Date:** _____



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***** FOR OFFICE USE ONLY *****

Date of Request: _____
Received by: _____
Prepared by: _____
Released by: _____
Fee: 22.00
Receipt # _____
Date Released: _____

REPORTING OFFICER: _____

ASSIGNED INVESTIGATOR: _____

WOULD RELEASING THIS REPORT;

- 1. Endanger the safety of a witness or other involved person? Yes ___ No ___
- 2. Endanger the successful completion of investigation? Yes ___ No ___
- 3. Reveal a confidential Informant? Yes ___ No ___

Signature of Officer / Investigator: _____ **Date:** _____

Notes: _____

