



Report Request

Form D

PERSON INVOLVED IN THE INCIDENT

Surname: _____ First Name: _____
 Date of Birth (YYYY-MM-DD): _____ Email: _____
 Current Address (Unit/Number, Street, City, Postal Code): _____

Details of Person Applying for Report (if different from above)

Surname: _____ First Name: _____
 Date of Birth (YYYY-MM-DD): _____
 Contact Telephone Number(s): _____ Email: _____

Signature: _____ Date (YYYY-MM-DD): _____

Report Receipt Options (You may only choose one option)

To be emailed (Provide email address below) To be mailed out

Email: _____

Request for Motor Vehicle Collision (MVC) Report (For self-reported MVCs, apply online to MTO)

Report Number: _____ Incident Date (YYYY-MM-DD): _____ Time (HH:MM): _____
 Location of Collision: _____
 Vehicle Plate: _____ Officer's Name and Badge (If known): _____
 Your Involvement: Driver Passenger Pedestrian Other (Please specify): _____

Request for Occurrence Report

Report Number: _____ Incident Date (YYYY-MM-DD): _____
 Location of Incident: _____
 Officer's Name and Badge (If known): _____

Incident Type (Select one of the areas below)

- | | | | |
|-----------------|----------|----------------------------|----------------------------------|
| Assault | Fire | Lost/Stolen Identification | Lost/Stolen Plates |
| Break and Enter | Theft | Neighbour Dispute | Fraud/Identity Theft/Cyber Crime |
| Domestic | Mischief | Landlord/Tenant Dispute | |
- Other (Please specify): _____

NOTE

- 3rd party information is redacted from police reports
- Payment must be received prior to processing
- Please allow for 15 business days to process this request

THIS PORTION TO BE COMPLETED BY PEEL REGIONAL POLICE PERSONNEL

Identification Produced: 1) _____ 2) _____
 Payment Amount: _____ Initials and Badge #: _____

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE CUSTOMER SERVICE UNIT.