



Report Request

Form D

Date of Request (YYYY-MM-DD): _____

Personal Information (To be completed in full and must be person(s) named in the report)

Surname: _____ First Name: _____

Date of Birth (YYYY-MM-DD): _____ Email: _____

Current Address (Number/Unit, Street, City, Postal Code): _____

Contact Telephone Number(s): _____

Report Receipt Options

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

Email: _____

Request for Motor Vehicle Collision Report

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)

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

NOTE:

- 3rd party information is redacted from police reports
- Payment must be received prior to processing
- Please allow 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.