



**Peel Regional Police Service
REPORT REQUEST**

Form D

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

PLEASE PRINT. INSUFFICIENT INFORMATION WILL DELAY PROCESSING.

Surname: _____ First Name: _____

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

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

Contact Telephone Number(s): _____

Do you represent a company (insurance or other): Yes No

Company Name: _____

Report Number or Incident Date (YYYY-MM-DD) : _____ Vehicle Plate: _____

Officer's Name and Badge Number (if known) : _____

Type of Report			
<input type="checkbox"/> Motor Vehicle Accident (Provide location or cross streets) : _____ <small>(including damage to property caused by a vehicle)</small>			
Synopsis	Insurance	Passport	
<input type="checkbox"/> Assault	<input type="checkbox"/> Break and Enter	<input type="checkbox"/> Passport	
<input type="checkbox"/> Domestic	<input type="checkbox"/> Stolen Vehicle		
<input type="checkbox"/> Fraud/Identity Theft	<input type="checkbox"/> Theft from Vehicle		
<input type="checkbox"/> Landlord/Tenant Dispute	<input type="checkbox"/> Lost/Stolen Identification		
<input type="checkbox"/> Assist Citizen	<input type="checkbox"/> Mischief		
	<input type="checkbox"/> Fire		
	<input type="checkbox"/> Theft		
<input type="checkbox"/> Other (Please Specify) : _____	<input type="checkbox"/> Stolen/Lost Plates (i.e. 407)		
Please note that 3rd party information is redacted from police reports.			

Are you involved in this incident? Yes No

If yes, what is your involvement?

Victim Insurance Company Lawyer Pedestrian Driver Passenger

Other (Please specify) : _____

TO BE MAILED OUT

TO BE PICKED UP

NOTE:

- PAYMENT MUST BE RECEIVED PRIOR TO PROCESSING.
- PLEASE ALLOW 10 TO 15 BUSINESS DAYS TO PROCESS THIS REQUEST.

THIS PORTION TO BE COMPLETED BY PEEL REGIONAL POLICE PERSONNEL:

Identification Produced: 1) _____ 2) _____

Payment (Attach copy of receipt) : \$ _____ 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.