CRYSTAL POLICE DEPARTMENT
REPORT REQUEST

Requestor's Name: _____ Date: _____

Home Phone: _____ Other Phone: _____

Party Involved – Full Name (If different from above): _____

DOB: _____

Case Number (If Known): _____

Date of Incident: _____ AND Time of Incident: _____

Address of Incident: _____

Vehicle(s) Involved (If applicable): _____

Type of Report:

Accident: _____ Auto Theft: _____ Burglary _____

Theft _____ Vandalism _____ Other _____

REPORT COPY CHARGES: $.25 per page

REPORT REQUESTS WILL BE PROCESSED WITHIN 10 BUSINESS DAYS

(For Office Use Only)

Notified: _____ Approved by: _____

Copy Cost :_____

4141 Douglas Drive, Crystal, MN 55422 Telephone (763-531-1014) * Fax (763-537-3279)