

RIVERSIDE, MISSOURI POLICE AND FIRE DEPARTMENT

REQUEST FOR REPORT REPRODUCTION

Copies of reports will be available at the Department within 7-10 business days after the initial report has been made. **Information contained in a report cannot be obtained by telephone; however, citizens may call 816-372-9176 to find out if a report is available prior to responding.**

Vehicle Crash Reports can be purchased online at www.buycrash.com. All reports can be obtained by email, or mail. **Please include Section A of this form and email recordsrequest@riversidemo.gov, or mail to: Mail-In Request Desk, Riverside Police and Fire Department, 2990 NW Vivion Road, Riverside, Missouri 64150.**

Release of criminal offense reports will be in strict accordance with Missouri Law.

Section A

Name _____ Case Report Number: _____
Address _____ Apt. # _____ Date of Occurrence: _____
City _____ Type of Report: _____
State _____ Zip _____ Location: _____
Phone# _____ Email Address: _____

Section B

Please Detach for Your Records

Date of Occurrence: _____ Case Report Number: _____
Type of Report: Vehicular _____ Offense: _____
Location: _____
Reporting Officer: _____ Badge #: _____
Shift Hours: _____ Phone: _____
Follow-up Handled By: _____ Phone: _____

- If further information is needed, you may be contacted by an investigator.
- If your vehicle was towed, you will need to contact _____ at _____.
- If you have questions regarding obtaining copies of reports, please contact the Records Unit at 816-372-9176 between the hours of 8:00 a.m. - 11:00 a.m. and 12:00 p.m. - 5:00 p.m., Monday through Friday.
- If property was recovered by the police regarding this incident and you can prove ownership, or if you have questions or additional information to add to your police report, please contact the reporting officer or person listed as handling the follow-up.
- If you have been involved in a vehicle crash, it is **your responsibility** to exchange information with the other driver or vehicle owner. Section C provides the information you are likely to need.

Section C

VEHICLE DRIVER INFORMATION

Name _____
Phone # _____
Address _____
Insurance Carrier/Policy # _____
Vehicle Make and Year _____
Vehicle License _____