



PLEASE PRINT NAME & ADDRESS

APPLICANT NAME	TELEPHONE
E-MAIL ADDRESS	AGENCY/COMPANY
NUMBER, STREET, CITY, STATE, & ZIP CODE	

INCIDENT INFORMATION

INCIDENT DATE	DRIVER OR OWNER
COLLISION/INCIDENT LOCATION	

PARTY OF INTEREST (check and complete one ONLY)

PERSON INVOLVED (*Victim, Vendor, & Etc.*):

FAMILY MEMBER (*Indicate relationship*):

SCHOOL OFFICIAL PER 45125.5 EC:

LEGAL REPRESENTATIVE
(Attorney, guardian, & conservator):

<input type="checkbox"/> REPRESENTATIVE OF INSURANCE COMPANY OR INSURANCE ADJUSTING AGENCY <i>(Must have been a carrier for an involved party at the time of the accident. Policy or claim number must be presented.)</i>	POLICY OR CLAIM NO.:
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OTHER PARTY OF INTEREST, SPECIFY:

SIGNATURE (I declare under penalty of perjury that I am the party of interest as checked above)	DATE
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PLEASE SUBMIT THIS COMPLETED FORM BY

EMAIL: police@calexpo.com MAIL: **Attn: California Exposition & State Fair Police Department**
 1600 Exposition Boulevard, Sacramento, CA 95815
 FAX: **(916) 263-3186**
 OR IN PERSON: **California Exposition & State Fair Police Department's Front Lobby**

OFFICE USE ONLY

REPORT NUMBER	RECEIPT NUMBER
COPY RELEASE DATE	RELEASED BY (PRINT NAME)
DENIED DATE	BY (PRINT NAME)
REASON FOR DENIAL	