

SNOHOMISH COUNTY SHERIFF'S OFFICE
Internet Incident Report Request
(Not to be completed online)

Print Form and Mail to
Snohomish Co. Sheriff's Office
MS 606 Records Unit
3000 Rockefeller Ave
Everett, WA 98201

<input type="checkbox"/> Mail report to me <input type="checkbox"/> Will pick up report **see <u>website</u> for fee information
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CASE REPORT NO. _____

Name of Victim: _____ DOB: _____

Name of Suspect: _____ DOB: _____

<p>*IF CASE REPORT NO. IS <u>NOT</u> KNOWN - COMPLETE THE INFORMATION BELOW:</p> <p>Type of Incident (Assault, Burglary, Theft, Accident, etc.): _____</p> <p>Date Incident reported to 911: _____ Time Incident reported to 911: _____ a.m. _____ p.m.</p> <p>Name or Badge # of Officer responding: _____</p> <p>Address where Officer responded: _____ Or address where Incident Occurred: _____</p> <p>Additional Information: (i.e. names of others at location of incident, Vin or License # of vehicle, etc): _____ _____</p>

<p>**REQUIRED INFORMATION**</p> <p>INFORMATION REQUESTED BY:</p> <p>NAME: _____ TELEPHONE NO.: _____</p> <p>ADDRESS: _____</p> <p>NOTICE: I understand that secondary dissemination of this record information response is prohibited in compliance with RCW 42.17.310.</p> <p>Signature: _____ Date: _____</p>

<p>SCSO USE ONLY</p> <p>Info</p> <p>Released: _____ Amount for report: \$ _____</p> <p>Requestor called: Date: _____ Time: _____ By: _____ Date Letter sent: _____</p> <p>Picked up Date: _____ Picked up by: _____ Released by: _____</p> <p>DISC #: <input type="text"/> Pick-up Deadline Date: <input type="text"/></p>
