



# Halton Regional Police Service

## Occurrence Report Request

This form is not to be used for Freedom of Information requests.  
Please ensure the required consent is provided for all involved.

Requester's Last Name	First Name	Middle Name	Date of Birth   dd/mmm/yyyy
Home Address   include Unit or Apt. #, if applicable	City/Town	Province	Postal Code
Phone Number	Email Address		

Occurrence Number	Occurrence Location	Occurrence Date
Licence Plate (if applicable)	Officer Name	Badge Number (if known)

### Type of Report

- Motor Vehicle Collision  
(including damage to property caused by a vehicle)
- Collision Report Statements

Please provide location or cross streets:

### Confirmation of Occurrence

- |                                                                                           |                                          |                                                  |
|-------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Stolen vehicle                                                   | <input type="checkbox"/> Property damage | <input type="checkbox"/> Fraud                   |
| <input type="checkbox"/> Break and enter                                                  | <input type="checkbox"/> Theft           | <input type="checkbox"/> Sudden death            |
| <input type="checkbox"/> Theft from vehicle                                               | <input type="checkbox"/> Mischief        | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Lost/stolen property<br>(including passports and licence plates) | <input type="checkbox"/> Fire            |                                                  |

### Purpose of Request and Involvement

### FEE: \$56.50 PER REQUEST

Please email your request to [records@haltonpolice.ca](mailto:records@haltonpolice.ca). You will be notified by email when your request is ready for pick up. IN PERSON pick up is required for identity verification and payment. **Pick up is at 2485 North Service Road West, Oakville ONLY.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**HRPS Staff: Please ensure ALL fields are filled in below.**

<input type="checkbox"/> Mailed	Employee #	Date   dd/mmm/yyyy	Receipt #	<input type="checkbox"/> Requester's government-issued photo I.D. viewed and photocopied.
<input type="checkbox"/> Pick up				<b>Attach photocopy of requester's I.D. to this form.</b>

Information on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to process and respond to your request for information contained in our files. Questions about this collection should be directed to: Freedom of Information Coordinator, Freedom of Information Unit, Halton Regional Police Service, 2485 North Service Road West, Oakville, Ontario L6M 3H8, (905) 825-4710.