



# APPLICATION FOR POLICE REPORT RELATING TO A CRASH, THEFT OR DAMAGED PROPERTY

SOUTH AUSTRALIA POLICE  
SAFER COMMUNITIES

Enquiries to Information Services Branch:  
(T) 08 7322 3347 (E) [SAPOL.Informationrelease@police.sa.gov.au](mailto:SAPOL.Informationrelease@police.sa.gov.au)  
(A) GPO Box 1539 Adelaide SA 5001

Government of South Australia

- The incident must be reported prior to requesting a copy of the report.
- Provided for insurance purposes only. For any other purpose e.g. domestic abuse, assault, fraud or lost property a PD360 – Application for Access to SAPOL Records is required.
- Submit the completed form at a Police Station with 100 points of ID and fee.

Please print clearly in BLOCK letters with black or blue ink.

## PERSONAL INFORMATION

Company Name or Surname/Family Name

Given Name(s)

Other Name(s) (if different at the time of the incident)

Date of Birth (DD/MM/YYYY)

## CURRENT RESIDENTIAL ADDRESS

Suburb/Town

State

Postcode

POSTAL ADDRESS (If different to your Current Australian Residential Address)

Suburb/Town

State

Postcode

## CONTACT DETAILS

Home Telephone

Work Telephone

Mobile Telephone

Email Address

## DETAILS OF INCIDENT

**TYPE OF REPORT REQUIRED:**  cross applicable  Occurrence Report  Motor Vehicle Collision Report

Type of Event

Report Number

Date (DD/MM/YYYY)

Time

Location of Incident

Your involvement/relationship to the incident (proof is required if not named on report)

## MOTOR VEHICLE COLLISION ONLY:

Unit 1 Driver (Family Name, Given Name)

Vehicle Registration

Unit 2 Driver (Family Name, Given Name)

Vehicle Registration

Other Drivers (Family Name, Given Name)

Vehicle Registration

Passenger(s) (Family Name, Given Name)

**APPLICATION FOR POLICE REPORT RELATING TO A CRASH, THEFT OR DAMAGED PROPERTY**

**CONSENT**

I hereby authorise my request for information to be: ( cross applicable)

- Emailed to applicant; or
- Mailed to postal/residential address of applicant; or
- Emailed to other person or organisation – Please provide details:

**Company Name** (if applicable)

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**Attention To** (Name)

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**Email Address**

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I understand this is undertaken at the applicant's own risk. SAPOL holds no responsibility for any loss which may occur.  
 If you are acting on behalf of a client, please provide written confirmation that you have viewed your client's original identity documents.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PROOF OF IDENTITY (100 Point ID – at least one form of ID from Category A required)**

The applicant is required to present **original ID documents** for certification. A photocopy of the documents **must be cited and stapled to this application form**.

CATEGORY A	POINT VALUE	CATEGORY B		POINT VALUE
<input type="checkbox"/> Passport (current or expired within 2 years but not cancelled) <input type="checkbox"/> Birth Certificate (not Extract) <input type="checkbox"/> Citizenship Certificate	<b>70</b>	<input type="checkbox"/> Public Service Employee ID Card <input type="checkbox"/> Tertiary Education ID Card <input type="checkbox"/> Firearms Licence	<input type="checkbox"/> Centrelink Card <input type="checkbox"/> Veteran Affairs Card <input type="checkbox"/> Security Licence (CBS)	<b>40</b>
		<input type="checkbox"/> Mortgage Documents	<input type="checkbox"/> Land Title Records	
<input type="checkbox"/> Drivers Licence (including foreign licence) (current or expired within 2 years) <input type="checkbox"/> Proof of Age Card	<b>40</b>	<input type="checkbox"/> Medicare Card <input type="checkbox"/> Council Rates Notice <input type="checkbox"/> Insurance Renewal (not Health Insurance) <input type="checkbox"/> Bank Statements (cannot be used if Credit/Bank/Debit card is from same account) <input type="checkbox"/> Bank/Credit/Debit Cards (maximum two cards from different institutions)	<input type="checkbox"/> Motor Vehicle Registration <input type="checkbox"/> Seniors Card (not a concession card) <input type="checkbox"/> Electoral Enrolment Card <input type="checkbox"/> Rent Records (< 6 months old) <input type="checkbox"/> Proof of name Change (e.g. Deed Poll, Marriage Certificate) <input type="checkbox"/> Utility account (only one < 6 months old)	<b>25</b>
Value of Points = _____				

**AUTHORISATION**     SAPOL Employee     Justice of the Peace     Commissioner For Taking Affidavits (please tick)

I have witnessed the applicant's signature and am satisfied as to the correctness of the applicant's identity as per the attached certified identification documentation.

Name: \_\_\_\_\_ ID No.: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Fee Paid: (if applicable) \$ \_\_\_\_\_ Receipt No.: \_\_\_\_\_

