

**POLICE REPORT REQUEST**

Date\_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attn: Records**

RE:            Our Insured                                 :            \_\_\_\_\_  
                  Other Party                                         :            \_\_\_\_\_  
                  Date of Incident                                         :            \_\_\_\_\_  
                  Location of Incident                                         :            \_\_\_\_\_  
                  Incident Type     :            \_\_\_\_\_  
                  Our File Number     :            \_\_\_\_\_  
                  Your Report Number     :            \_\_\_\_\_

Dear Records:

Please be advised that we represent the interests of the insurance carrier for the above named Insured in the above captioned matter. Enclosed please find our check in the amount of \$\_\_\_\_\_. Please forward a copy of your incident report on this matter directly to our office at your earliest convenience.

Thank you for your anticipated cooperation.

Sincerely,  
\_\_\_\_\_, Adjuster  
(   )   -   cell

Encl: Check No: \_\_\_\_ for \$ \_\_\_\_\_

