



Western Australia Police Force

Application for Abridged Incident Report

For use by **Personal Representatives ONLY**

Information Release Centre
Office of Information Management, Policy & Legislation
Level 5 Westralia Square, 141 St Georges Terrace
PERTH WA 6000
Enquiries: (08) 6229 5900

INCIDENT / OFFENCE REPORT NUMBER (IF KNOWN)

Details of Personal Representative

SURNAME	GIVEN NAME	ORGANISATION NAME (IF RELEVANT)		
REPRESENTATION TYPE (PARENT / GUARDIAN, EXECUTOR, ADMINISTRATOR, POWER OF ATTORNEY)				
POSTAL ADDRESS		SUBURB	STATE	POSTCODE
TELEPHONE NUMBER		EMAIL ADDRESS		

Details of Victim

SURNAME / BUSINESS NAME	GIVEN NAME(S)	DATE OF BIRTH
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Incident Information

DATE OF INCIDENT	LOCATION OF INCIDENT
NATURE OF OFFENCE (BURGLARY, STEALING, DAMAGE, ASSAULT, ETC.)	REASON FOR APPLICATION (INSURANCE, COURT, COMPENSATION, ETC.)
ADDITIONAL INFORMATION TO ASSIST SEARCH	
FEE: \$46.40	

I have read, understood and agree to the terms under which the information is to be released.

SIGNATURE _____ DATE _____

Application Checklist (Applications must include the following to be accepted)

<input type="checkbox"/>	Completed application form (or written request on company letterhead).
<input type="checkbox"/>	A copy of the representative's photo identification (e.g. driver's licence, photo card, passport).
<input type="checkbox"/>	Documentary proof of representation (e.g. Relevant representation order or certificate).
<input type="checkbox"/>	Payment. Cheques and Money Orders to be made payable to "The Commissioner of Police". Money Order vouchers cannot be accepted and will be returned.
<input type="checkbox"/>	Application lodged in person at the Information Release Centre, or by post to LOCKED BAG 20, PERTH BUSINESS CENTRE WA 6849.

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