

Western Australia Police Force

Application for Abridged Incident Report

For use by **Personal Representatives** ONLY

Public Access
Office of Information Management
Level 5 Westralia Square, 141 St Georges Terrace
PERTH WA 6000

Enquiries: (08) 6229 5900 or PublicAccess@police.wa.gov.au

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)								
REFREDERITION TO E (FAILERT / GOARDING, ELEGATOR, ADMINISTRATION, FOWER OF ATTOMACT)								
POSTAL ADDRESS		SUBURB			STATE	POSTCODE		
TELEPHONE NUMBER		EMAIL ADDRESS						
Details of Victim								
SURNAME / BUSINESS NAME		GIVEN NAME(S)		DATE OF BIRTH				
Incident Information								
DATE OF INCIDENT LOCATION OF INCIDENT								
DATE OF INCIDENT	LOOA	HON OF INOIDEN	''					
NATURE OF OFFENCE (BURGLARY, STEALING, DAMAGE, ASSAULT, ETC.)			REASON FOR A	REASON FOR APPLICATION (INSURANCE, COURT, COMPENSATION, ETC.)				
ADDITIONAL INFORMATION TO ASSIST SEARCH								
			Γ.	*				
							FEE: \$49.10	
☐ 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)								
Completed application form (or written request on company letterhead).								
A copy of the representative's photo identification (e.g. driver's licence, photo card, passport).								
Documentary proof of representation (e.g. Relevant representation order or certificate).								
Payment. Cheques and Money Orders to be made payable to "The Commissioner of Police". Money Order vouchers cannot be accepted and will be returned.								
Lodged in person at the Office of Information Management, or by post to LOCKED BAG 20, PERTH BUSINESS CENTRE WA 6849.								

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