DEPARTMENT OF VETERANS AFFAIRS
VA Northern California Health Care System
10535 Hospital Way
Mather, CA 95655

How to obtain a copy of a Uniform Offense Report (Police Report)

(1) All requests must be in writing and sent to the Privacy/FOIA Officer. You must include a signature and a description of the information requested. Please use the attached form.

(2) Requests may be faxed to 707-437-1855 or mailed to:

Ms. Shannon Caston, Privacy/FOIA Officer (001/PO/FOIA/FF)
VA Northern California Health Care System
103 Bodin Circle, Bldg. 778
Travis AFB, CA 94535

(3) Information cannot be provided that is protected by another statute (or law):

a) Therefore, all information which, if disclosed, would constitute (mean) a clearly unwarranted invasion of an individual's personal privacy under FOIA Exemption 6 [5 U.S.C. § 552 (b) (6)] and all records or information compiled for law enforcement purposes which, if disclosed, could reasonably be expected to constitute an unwarranted invasion of personal privacy under FOIA Exemption 7C, [5 U.S.C. § 552 (b) (7) (C)] will be withheld.

This means that you will not receive personal information regarding another person or patient.

b) If your request pertains to a motor vehicle accident, please be aware that your insurance company may receive a complete copy of the report in accordance with a routine use specified under the Privacy Act System of Records for Police and Security Records-VA (103VA07B) upon receipt of a valid signed request.

(4) Reports will not be released until they are complete and signed off by all necessary parties. You will receive the report as soon as it is ready.

If you have any questions, please contact Shannon Caston at 707-437-1823.

Uniformed Offense Report (Police Report) Request Form

1. What is the date of incident (When did it happen?):_____
2. Report Number (If Known):_____
3. Purpose:_____
4. Name of Person or Persons involved:_____
5. Where would you like to have the report mailed? **No reports can be faxed.**

   Name: _____

   Address: _____

   State: _____ Zip Code: _____

Name of Requestor: _____

Phone Number of Requestor: _____

Signature of Requestor: _____

Date: _____

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*****Disclosure of Uniform Offense Report (UOR) is subject to the Freedom of Information Act (FOIA) guidelines. The processing may take up to twenty (20) working days from receipt of request.* *********