Request for Investigation

Preliminary Contact Report

Motor Vehicle Investigation Unit Case	e Number	Date		Time	
Victim/Suspect Name					
Address		Phone			
City			State	ZIP	
Date of Birth	Alien Number		Receipt Number		
Driver's License Number - Include License State of Issuance		Expire Date	Title	Number	
VIN Number					
Statement of Facts					
Individual/Organization Initiating Complaints					
Name			Phone		
Person to Contact					
Signature					