

**CITY OF LOS ANGELES**  
**APPLICATION FOR SPECIAL REWARD PAYMENT**

DISTRIBUTION

ORIG -- LAPD Mail to: Traffic Coordination Section, 100 W. First St, Room #469, Los Angeles, CA 90012

DUPE -- City Clerk

DUPE -- Claimant

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**Neither the filing nor submitting of information, nor the receipt or consideration thereof by the City, shall establish legal claim to, or right of recovery of, any reward offered. The provision of payment shall be governed by Chapter 12, Division 19 of the Los Angeles Administrative Code.**

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1. PRINT NAME OF APPLICANT: \_\_\_\_\_  
Last, \_\_\_\_\_ First, \_\_\_\_\_ Middle \_\_\_\_\_
- 
2. ADDRESS: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State - Zip) \_\_\_\_\_  
Daytime Phone & Contact Person \_\_\_\_\_
- 
3. TODAY'S DATE: \_\_\_\_\_ 4. OCCUPATION: \_\_\_\_\_
- 
5. DRIVER'S LICENSE # or CALIF ID #: \_\_\_\_\_ 6. SOCIAL SECURITY #: \_\_\_\_\_  
(For payment purposes)
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**DESCRIPTION OF CIRCUMSTANCES: (Fill in or mark ALL that apply)**

**NOTE: The applicant is responsible for providing ALL of the following required information. A claim that does not provide the following required information may be disapproved for insufficient information.**

7. DATE OF INCIDENT: \_\_\_\_\_ 8. TIME OF INCIDENT: \_\_\_\_\_  AM  PM  
 NOON  MIDNIGHT
- LOCATION OF INCIDENT: \_\_\_\_\_
- TYPE OF CRIME/INVESTIGATION: \_\_\_\_\_
9. DESCRIPTION OF INCIDENT: \_\_\_\_\_
12. X \_\_\_\_\_ 13. X \_\_\_\_\_  
APPLICANT SIGNATURE PARENT OR GUARDIAN SIGNATURE (under 18 years)
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**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**

INVESTIGATING OFFICER: \_\_\_\_\_ Name \_\_\_\_\_ Serial # \_\_\_\_\_ Agency \_\_\_\_\_  
Phone # \_\_\_\_\_

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NAME OF VICTIM OR CASE: \_\_\_\_\_

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RECOMMENDATION:  APPROVAL  DISAPPROVAL  INSUFFICIENT INVOLVEMENT  INSUFFICIENT INFORMATION  
INVESTIGATION CHECKLIST ATTACHED:  Yes  No

BRIEF EXPLANATION OR COMMENTS: \_\_\_\_\_

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**REVIEWED AND APPROVED BY:** \_\_\_\_\_