The Records Department is open Monday through Friday, 8am to 3pm, excluding holidays. There is a minimum processing period of 7-10 days for all reports.

*Reports sent to a District Attorney’s Office for prosecution are released from their office.

The East Baton Rouge Parish (EBR) District Attorney’s Office (EBRDA) may be reached at 225-389-3400, and 222 St. Louis Street, Baton Rouge, LA 70802. EBRDA records include reports for persons booked into the East Baton Rouge Parish Prison, issued misdemeanor or felony summons in EBR, and traffic citations issued in EBR. Visit [http://www.ebrda.org/record_requests.php](http://www.ebrda.org/record_requests.php) for more information.

**INCIDENT REPORTS**

1) Submit this form in-person, by fax, mail or online.
   a. FAX: 225-578-0536
   b. Mail:
      LSU Police Department
      Attention: Records
      101 DPS Building
      South Stadium Road
      Baton Rouge, LA 70803
   c. Online: Visit lsupd.com, Obtaining a Report; submit online request.

2) Submit exact cash, money order or check at the time of in-person report pick-up. Incident Reports are $5 each and associated photos are $5.

**MOTOR VEHICLE CRASH REPORTS**

There are two options to retrieve a Crash Report. Crash Reports are $15 each and associated photos are $5 each.

1) OPTION 1: Online; visit [https://ecrash.lexisnexis.com](https://ecrash.lexisnexis.com)
   a. Search records and enter the State and jurisdiction (LSU Police Department)
   b. You will need one of the following to complete the transaction
      i. Report Number
      ii. Name (first, last) and Date of Incident
      iii. Name (first, last) and Street Name
   c. A nominal convenience fee of $6 will be added to ecrash transactions.

2) OPTION 2: Traditional; follow instructions for an Incident Report.
REPORT REQUEST FORM

Name: ___________________   _____________________     Case#: ______________________________

Address: ___________________________________ City: _________________ State: ______ ZIP: _______

Email: ________________________ Tel. #: _______________________ Type of Incident: ______________

Incident Date: _______________ Name of Victim/Complainant: __________________________________

Requestor’s Signature: ____________________________________________   Date: ___________________

Date Received: _______________ Date Delivered: _______________ Delivered by: _______________