

## REQUEST FOR POLICE REPORT

In order to receive copies of police reports, the following information is to be completed and the appropriate fee paid. The fee for copies is as follows:

**MOTOR VEHICLE ACCIDENT REPORTS:**

The fee for motor vehicle accident\* reports (1 to 6 pages) is **\$5.00**. Each additional page is **\$1.00** per page.

**ALL OTHER REPORTS:**

The fee for all other reports\*\* (Arrest, Incident, Offense, Log Entry) is **\$1.00** per one-sided page.

**Submit** this completed form with a five-dollar (**\$5.00**) deposit fee and it can be picked up at the desk ten days from the date of the request's **receipt**. (Change due will be returned with the report.)

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1. **DATE OF REQUEST** \_\_\_\_\_ **DATE OF INCIDENT** \_\_\_\_\_
  
2. **CHECK ONE OF THE FOLLOWING:**  
I wish the report mailed ( ) I will pick up the report ( )
  
3. **CHECK TYPE OF REPORT REQUESTED:**  
M/V Accident ( ) Arrest ( ) Incident ( ) Offense ( ) Log Entry ( )
  
4. **PERSON REQUESTING REPORT:**  
Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_
  
5. **IDENTIFICATION OF PARTIES INVOLVED:**  
Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_  
  
Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

\*Accident Report copies will not be released to any principle or their representatives without that person first filing their report.

\*\* All report requests for cases pending criminal disposition must be sought through the **District Attorney's Office**, Newburyport District Trial Court, Route 1 Traffic Circle Newburyport, MA 01950 (TEL: 978 462-3511)