



**STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE**



**Request for Copy of Report**

Company / Name of Person Requesting Report Copy: <i>(First, MI, Last)</i>
Mailing Address: <i>(Street / P. O. Box)</i>
City, State Zip Code

Enclose search fees (C.G.S. § 29-10b non-refundable search fee regardless if a report is produced or not) by check or money order payable to **"Treasurer - State of CT"** in the proper amount:

Indicate the number of uncertified reports requested: \_\_\_\_\_ @\$16.00 per request  
 Indicate the number of **certified** reports requested: \_\_\_\_\_ @\$16.00 per request  
 Total Amount: \$ \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
*(Optional) Please note, by providing an e-mail address you agree to accept an electronic response to your request, if applicable. Incidents which may require additional review or requests for certified copies will NOT be transmitted electronically, and will be mailed via the United States Postal Service.*

**Mail the check or money order in the amount required and this request to:  
 DESPP-Reports & Records Unit, 1111 Country Club Road, Middletown, CT 06457-2389**

Case Number: \_\_\_\_\_

Traffic Crash - Date: \_\_\_\_\_ Time: \_\_\_\_\_  No Injury  Serious Injury  Fatal  
*Many crash reports may also be obtained online at [www.BuyCrash.com](http://www.BuyCrash.com)*

Criminal - Incident Date: \_\_\_\_\_  No Arrest  Arrest - Date of Arrest: \_\_\_\_\_  
*All incident reports not available on BuyCrash, may also be requested online through the DESPP Internet site at [www.ct.gov/despp](http://www.ct.gov/despp)*

Name of any person(s) involved:

Last, First	How involved	Date of Birth (if available)	License # (if available)

**For DESPP Office Use Only – Do Not Write Below This Line or Sign Form**

Request completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 align="center">**DESPP Staff Member**