State of Connecticut
DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
DIVISION OF STATE POLICE

Request for Copy of Report

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

(Many accident reports may also be obtained on the internet at Docview.us.com)

Enclose search fees (C.G.S. § 29-10b) *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: _____ @$17.00 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.

Case Number: _____ Date of Incident: _____/ ____/ ____
MM DD YY

City or Town of Incident: _____

Name of Any Principal Party:

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

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

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

Provide Any Additional Available Information:
Approximate time:_____ Vehicle Plate# _____

Incident Type or Description (i.e. Accident, theft, hit deer, hit pole, criminal incident, etc.):

_____
_____
_____

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

Request completed by: _____ Date: _____