

RETURN FORM TO:
DARTMOUTH POLICE DEPARTMENT
249 RUSSELLS MILLS RD, DART. MA 02748
OR: records@dartmouthpd.org

INC/ACC# _____

ORI# _____

DARTMOUTH POLICE DEPARTMENT

REQUEST FOR POLICE REPORT

ACCIDENT [] INCIDENT [] STOLEN/RECOVERED AUTO [] LOG PRINTOUT []

PLEASE INDICATE THE REPORT YOU ARE REQUESTING BY CHECKING THE APPROPRIATE BOX

DATE OF REQUEST: _____

YOU WILL BE NOTIFIED WHEN TO RETURN TO PICK UP YOUR REPORT. YOU MUST PROVIDE A TELEPHONE #

NAME OF AGENCY REQUESTING REPORT _____

REQUIRED TO RETRIEVE REPORT

NAME OF INDIVIDUAL REQUESTING REPORT: _____

TELEPHONE#

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

SIGNATURE OF REQUESTER: _____

DATE & TIME OF ACCIDENT/INCIDENT: _____

LOCATION OF ACCIDENT/INCIDENT: (IF ON ROUTE 6, SPECIFY NAME AND ADDRESS OF BUSINESS OR RESIDENTIAL ADDRESS)

REPORT FOUND []

***** UNDER MA GENERAL LAW C. 66 § 10 THIS AGENCY HAS TEN (10) DAYS TO RESPOND TO THE INITIAL REQUEST OR FURNISH A REPORT AND/OR PROVIDE A DENIAL OF THIS REQUEST*****

REPORT NOT FOUND []

REPORT NOT FILED []

UNDER INVESTIGATION, NOT COMPLETED []

OTHER [] _____

YOU WILL BE NOTIFIED WHEN TO RETURN TO PICK UP YOUR REPORT. YOU MUST PROVIDE A TELEPHONE #
There may be a cost associated with this request.
SHOULD YOU HAVE ANY QUESTIONS PLEASE CONTACT THE RECORDS DIVISION DIRECTLY DURING NORMAL BUSINESS HOURS AT 508-910-1774 thank you

INITIALS OF PERSON GIVING OUT REPORT _____

COST: \$ _____