

RETURN FORM TO:

DARTMOUTH POLICE DEPARTMENT
1390 TUCKER ROAD, DARTMOUTH, MA 02747
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: _____

NAME OF INDIVIDUAL REQUESTING REPORT: _____

REQUIRED TO RETRIEVE 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)

Optional: REQUESTORS EMAIL ADDRESS: _____@_____._____

**NOTE: YOU WILL BE NOTIFIED WHEN TO RETURN TO PICK UP YOUR REPORT. YOU MUST PROVIDE A TELEPHONE #. SHOULD YOU
HAVE ANY QUESTIONS PLEASE CONTACT THE RECORDS DIVISION DIRECTLY DURING NORMAL BUSINESS HOURS AT 508-910-1774.
REPORTS CAN BE PICKED UP OR REPORTS NOT REQUIRING A SIGNATURE CAN BE SENT TO A REQUESTORS EMAIL ADDRESS (optional).
There may be a cost associated with this request.**

***** 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*****

RECORDS/DEPARTMENT INFO:

REPORT FOUND [] OTHER []
REPORT NOT FOUND [] COURT PENDING []
REPORT NOT FILED [] INITIALS OF PERSON GIVING OUT REPORT _____
UNDER INVESTIGATION, NOT COMPLETED []

DATE RECEIVED: _____

COST: \$ _____