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

An Affirmative Action/Equal Employment Opportunity Employer

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: ___________/______/____

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: _______________

DPS-96-C (Rev. 7/11)