



**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:
Mailing Address: (Street / P. O. Box)
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: _____ @\$17.00 per request
 Total Amount: \$ _____

E-Mail Address: _____
 Please note, by providing an e-mail address you agree to accept an electronic response. Large reports or requests for certified copies may be transmitted electronically or 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: _____ Incident Location: _____

Traffic Crash - Date: _____ Time: _____ No Injury Serious Injury Fatal
 Many crash reports may also be obtained online at buycrash.lexisnexisrisk.com

Criminal - Incident Date: _____ No Arrest Arrest - Date of Arrest: _____
 All incident reports, may also be requested online through the DESPP Internet site at 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**