



State of Connecticut
 Department of Mental Health and Addiction Services
 Division of Safety Services

REQUEST FOR COPY OF REPORT

Name of Person Requesting Report Copy:
Mailing Address: (Street / P. O. Box)
City, State Zip Code
Email Address:
Phone Number:

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

Location of Incident: _____

Name of Any Principal Party:

Last, First, How involved	Date of Birth
Last, First, How involved	Date of Birth
Last, First, How involved	Date of Birth

Provide Any Additional Available Information:

Approximate time: _____ Vehicle Plate# _____

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

MAIL OR FAX FORM TO:
 Division of Safety Services
 P. O. Box 351 – Beers Hall, Middletown, CT 06457
 Attn: Chief Michael Edelwich
 Fax: 860-262-5377
 For Official use Only

Requested Completed by: _____
 Date: _____