

State of Connecticut
Department of Public Safety
Division of State Police
Request for Copy of Report

Name of Company/Person Requesting Report Copy: _____ <i>(First, MI, Last)</i>
Mailing Address: <i>(Street / P. O. Box)</i> _____
City, State Zip Code _____

Enclose search fees by check or money order payable to "**Department of Public Safety**" in the proper amount:

Indicate the number of uncertified report copies requested: _____ @ \$8.00 each

Indicate the number of **certified** report copies requested: _____ @ \$9.00 each

Total Amount: \$ _____

Mail the check or money order in the amount required and this request to: **DPS Reports & Records Unit, 1111 Country Club Road, Middletown, CT 06457.**

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

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 Official Use Only

Request completed by: _____ Date: _____
DPS-96-C (Rev. 08/06)