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)*
Last, First	*How involved*	*Date of Birth (if available)*	*License # (if available)*
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: _____
DESPP Staff Member