



**Hagerstown City Police Department**  
50 North Burhans Blvd.  
Hagerstown, MD 21740  
Phone (301) 790-3700    Records Fax (301) 393-4951

**PUBLIC RECORDS REQUEST FOR ACCIDENT / INCIDENT**

Type of Report:	<input type="checkbox"/> Accident	<input type="checkbox"/> Accident with Injury	<input type="checkbox"/> Assault
<input type="checkbox"/> Auto Theft	<input type="checkbox"/> Bicycle Theft	<input type="checkbox"/> Burglary	<input type="checkbox"/> Theft
<input type="checkbox"/> Recovery	<input type="checkbox"/> Other: _____		

**REQUESTOR'S NAME AND ADDRESS (Please Print)**

Requestor's Name: \_\_\_\_\_

Address (Number, Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number to contact in case of problems: \_\_\_\_\_

**ACCIDENT / INCIDENT INFORMATION ( Must Complete This Section)**

Event# / Report# \_\_\_\_\_ Date of Call: \_\_\_\_\_

Name of Person Involved : \_\_\_\_\_

Location of Call: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Relationship To Person Involved: \_\_\_\_\_

Date of Request Made: \_\_\_\_\_

**PLEASE INDICATE ONE OF THE FOLLOWING (CHECK ONE)**

Mail Record                       Fax to: \_\_\_\_\_

Will Pick-up please call when ready at phone # \_\_\_\_\_

**REPORT REQUEST INFORMATION**

Enclose **\$5.00 check or money** order made payable to *The City of Hagerstown* for each report requested. The report requested will be received as indicated in the area above.

Your request will be completed when the Records Division receives your accident / incident report through the chain of command, please allow time for this process.

Thank you.