



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: _____ Time of Incident: _____

Name of Person Involved : _____

Location of Call: _____

Relationship To Person Involved: _____ Date of Request Made: _____

PLEASE INDICATE ONE OF THE FOLLOWING (CHECK ONE)

Mail Record to above address Fax to: _____ Will Pick-up / please call when ready at phone # above

MAIL IN REPORT REQUEST INFORMATION

Enclose **\$5.00 check or money order (CASH NOT ACCEPTED)** made payable to *The City of Hagerstown* for each report requested.

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.

Payment taken by Employee Name: _____
Employee # _____
Method of Payment _____ Date: _____
<input type="checkbox"/> Check # _____ (Payable to: City of Hagerstown)
<input type="checkbox"/> Money Order # _____
<input type="checkbox"/> Credit Card Transaction # _____
Attach payment to form then forward to Records

If report picked up at front desk please fill in information:
Picked up by: _____
Date Picked Up: _____
Released by HPD Employee # _____
Employee Name: _____