Request for Copy of Report

Company / Name of Person Requesting Report Copy:
(First, Ml, Last)

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 "Treasure - 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: ___________ @$16.00 per request
Total Amount: $___________

E-Mail Address: ____________________________
(Optional) Please note, by providing an e-mail address you agree to accept an electronic response to your request, if applicable. Incidents which may require additional review or requests for certified copies will NOT be transmitted electronically, and will be 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 www.BuyCrash.com

☐ Criminal - Incident Date: ___________ ☐ No Arrest ☐ Arrest - Date of Arrest:______________
All incident reports not available on BuyCrash, may also be requested online
through the DESPP Internet site at www.ct.gov/despp

Name of any person(s) involved:

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<th>Last, First</th>
<th>How involved</th>
<th>Date of Birth (if available)</th>
<th>License # (if available)</th>
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For DESPP Office Use Only – Do Not Write Below This Line or Sign Form

Request completed by: ____________________________ Date: _____________

DESPPP Staff Member