

POLICE INCIDENT REPORT REQUEST FORM

| REQUESTOR INFORMATION – (PLEASE PRINT OR TYPE) | | | | |
|--|--------------------------|--|-----------------|----------|
| Last Name | First Name | MI | Date of Request | |
| Mailing Address(# & street Name) | | City | State | Zip Code |
| Company Name & Address (if applicable) | | | Fax: | |
| Phone or Cell No (include area code) | Email Address (optional) | ID Presented <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> NJ State ID <input type="checkbox"/> Other | | |
| TYPE OF REPORT REQUESTED | | | LIST OF FEES* | |
| <input type="checkbox"/> Traffic Crash | Incident # | Date of Crash | | |
| <input type="checkbox"/> Incident | Incident # | Date of Incident | | |
| Location of Traffic Crash or Police Incident: | | | | |
| Reason for Obtaining Crash/Incident Report: | | | | |
| *Personal incident, burglary, theft, etc. | | | | |

LIST OF FEES*

- \$0.05 per standard page
- \$0.07 per legal page
- \$0.72 per CD Rom
- \$0.90 per DVD

Fees are for Legal Discovery only. Prepayment is required. You will be notified of the total charges. Payments are accepted by Check only.

You will be notified when your reports are ready. Reports may be picked up in person Mondays - Friday from 8:30 a.m. to 4 p.m. Your request may take up to seven (7) business days to complete. This signed completed form shall constitute a receipt for the requestor of the records. Active investigation reports will not be included with a copy of your report. Information on reports may be redacted pursuant to New Jersey State Law.

| | | | |
|-----------------------|------|---|------|
| Requestor's Signature | Date | Signature of Employee Receiving Request | Date |
|-----------------------|------|---|------|

| | | | |
|---|--|------------|--|
| Response Date | Delivery Method <input type="checkbox"/> Mail <input type="checkbox"/> Will Pick Up <input type="checkbox"/> Provided at Time of Request | | |
| Documents Provided: | # | Total Cost | |
| <input type="checkbox"/> Letter Size Page(s) | | | |
| <input type="checkbox"/> Legal Size Page(s) | | | |
| <input type="checkbox"/> CD Rom | | | |
| <input type="checkbox"/> DVD | | | |
| <input type="checkbox"/> Other (specify on reverse) | | | |
| Total Amount Due: | | | |
| Check #: | | | |

Document(s) **not** provided
 Explanation:

(see reverse for additional information)

| Please forward this completed, signed, form to the geographic division from which you are seeking records: | | |
|--|---|--|
| <u>New Brunswick Division</u> 55 Commercial Avenue New Brunswick, NJ 08901 Fax: (732) 932-7215 | <u>Newark Division</u> 200 University Avenue Newark, NJ 07102 Fax: (973) 353-1369 | <u>Camden Division</u> 409 North 4th Street Camden, NJ 08102 Fax: (856) 964-8480 |