

Baltimore County Police Department
REQUEST FOR COPY OF POLICE REPORT
(Submit a separate application for each report requested.)

INSTRUCTIONS

1. Information must be typed or printed. Incomplete information **may** result in the return of your application.
2. Include a check or money order for **\$15** payable to Baltimore County, Maryland.
(THIS FEE IS NOT REFUNDABLE. PLEASE DO NOT SEND CASH.)
3. Enclose a **stamped, self-addressed envelope.**
4. Mail to: Ms. Alane Foltz – Records Requests
Baltimore County Police Department
700 E. Joppa Road
Towson, Maryland 21286-5501
5. Your cancelled check will be your receipt.
(Any questions, please call Records Requests at 410-887-2390.)

TYPE OF RECORD DESIRED

Incident or Crime Report Motor Vehicle Accident Report

ALL APPLICANTS MUST COMPLETE THE FOLLOWING:

Check item below that best describes your interest in this case.

- Driver of vehicle or person involved in accident / incident
 Executor or Administrator of the Estate or Next of Kin (in case of death)
 Parent or Guardian of person injured in motor vehicle accident
 Insurance Company
 Attorney for (name) _____
 Other (please specify) _____

I CERTIFY THAT MY INTEREST IN THIS INCIDENT IS AS INDICATED ABOVE _____
Signature

Printed Name

Address

DATE AND TIME OF INCIDENT: _____	REPORT (CC) NUMBER: _____
LOCATION OF INCIDENT: _____	
VEHICLE DRIVER OR VICTIM'S NAMES: _____	
REPORTING POLICE OFFICER'S NAME: _____	

NOTE: While an incident may have occurred and a police report written of the incident, these reports go through a recording process before they are available for distribution. Please understand that they are being processed in an expeditious manner and will be made available to you as quickly as possible. Thank you.

NAME AND ADDRESS TO WHOM REPORT IS TO BE MAILED (PRINTED OR TYPED):

- Check
 Money Order
 Cash
- _____

