

State of Connecticut  
Department of Public Safety  
Division of State Police  
**Request for Copy of Report**

Name of Person Requesting Report Copy: _____ <i>(First, MI, Last)</i>
Mailing Address: <i>(Street / P. O. Box)</i> _____ City, State Zip Code _____

Enclose search fees (C.G.S. § 29-10b) by check or money order payable to "**Department of Public Safety**" in the proper amount:

Indicate the number of uncertified reports requested: \_\_\_\_\_ @\$16.00 per request

(Most accident reports may also be obtained on the internet at [Docview.us.com](http://Docview.us.com))

Indicate the number of **certified** reports requested: \_\_\_\_\_ @\$17.00 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: *DPS Reports & Records Unit, 1111 Country Club Road, Middletown, CT 06457.***

Case Number: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

City or Town of Incident: \_\_\_\_\_

Name of Any Principal Party:

Last, First, How involved	Date of Birth (if available)	License # (if available)
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Last, First, How involved	Date of Birth (if available)	License # (if available)
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Last, First, How involved	Date of Birth (if available)	License # (if available)
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**Provide Any Additional Available Information:**

Approximate time: \_\_\_\_\_ Vehicle Plate# \_\_\_\_\_

Incident Type or Description: \_\_\_\_\_  
(i.e. Accident, theft, hit deer, hit pole, criminal incident, etc.)

*For Official Use Only*

Request completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
DPS-96-C (Rev. 09/2010)