



# CITY OF HAGERSTOWN MARYLAND

DEPARTMENT OF POLICE  
50 N. Burhans Blvd.

21740-4696

Non-Emergency 301-790-3700  
Emergency 301-739-6000  
Fax 301-733-5513

## ***ACCIDENT REPORT REQUEST***

Enclose \$5.00 by check or money order made out to *The City of Hagerstown* for each report requested. The information will be mailed out to the name listed below. The name must be either someone directly involved with the requested paperwork, or someone representing a person directly involved. **Requests are mailed or faxed.**

**NO EXCEPTIONS WILL BE MADE!!**

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**PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE**

INCIDENT # \_\_\_\_\_ DATE OF CALL: \_\_\_\_\_

Name of Person Involved: \_\_\_\_\_

Relationship With Person Involved: \_\_\_\_\_

Location of Call: \_\_\_\_\_

Approximate Time of Incident: \_\_\_\_\_

Nature of Call: \_\_\_\_\_

### **Copy Of Report Will To Be Mailed Or Faxed To:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Rev:02/16/07

