

PALMER POLICE DEPARTMENT

Telephone:
(413)283-8792

4417 Main Street
Palmer, MA 01069-1192

FAX: (413)289-1422



ACCIDENT / INCIDENT REPORT REQUEST

Requesting Person:

NAME:	Phone #:
Company or Firm (if applicable)	
Address	
City, State, Zip Code	

FEES:
Accident Reports: \$5.00
Incident Reports: In hand: \$.50 per page By mail: \$1.00 per page

ACCIDENT INFORMATION
Date of Accident: _____ Time: _____
Location: _____ _____
Operator #1: _____
License Plate #: _____
Operator #2: _____
License Plate #: _____

INCIDENT INFORMATION *
Date of Incident: _____ Time: _____
Location: _____ _____
Type of Incident: (Burglary, Robbery, Vandalism, etc.) _____ _____ _____
* CORI information may require CHSB authorization

Additional comments: _____

Signature of Requesting Person: _____

CORI Access Required ***** FOR DEPARTMENT USE ONLY ***** Report #: _____

Date received: _____ Amount paid: \$ _____ Cash Check # _____

Employee receiving request and payment: _____

Delivery Method: Provided at time of request Will pick up Please notify when complete
 Send by mail Other: _____