



SPRINGFIELD POLICE DEPARTMENT

INFORMATION REQUEST FORM



REQUESTING PARTY INFORMATION			
Name of Person or Company Requesting Report:		Phone:	Alternate Phone:
Address:	City:	State:	Zip:
Purpose of Request: <input type="checkbox"/> Insurance <input type="checkbox"/> Personal <input type="checkbox"/> Civil Litigation (Civil Form Attached) <input type="checkbox"/> Criminal			
Name of Client:			
Delivery Method: <input type="checkbox"/> Mailed <input type="checkbox"/> Pickup <input type="checkbox"/> Fax to:		Available 24 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No	

TYPE OF INFORMATION REQUESTED			
<input type="checkbox"/> Accident Report <input type="checkbox"/> Incident Report			
Report #:	Date / Time:		
Victim:	Suspect:		
Type of Incident:	Location:		
Driver # 1:	Driver # 2:		
<input type="checkbox"/> Photographs <input type="checkbox"/> Video <input type="checkbox"/> Audio			
Report #:	Date / Time:		
Victim:	Suspect:		
Type of Incident:	Location:		
Suspect Vehicle Information: (Make/Model/Year)		License:	State:
Type Requested: <div style="text-align: center;">CD DVD</div>			

SPD OFFICE USE ONLY			
Request Received By/DSN:	Date:	Request Processed By /DSN:	Date:
Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount:		Receipt Number:	