



State of Connecticut  
 Department of Mental Health and Addiction Services  
 Division of Safety Services

**REQUEST FOR COPY OF REPORT**

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

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

Location of Incident: \_\_\_\_\_

Name of Any Principal Party:

Last, First, How involved	Date of Birth
Last, First, How involved	Date of Birth
Last, First, How involved	Date of Birth

Provide Any Additional Available Information:

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

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

**MAIL OR FAX FORM TO:**  
**Division of Safety Services**  
**P. O. Box 351 – Holmes Drive**  
**Middletown, CT 06457**  
**Attn: Chief Christopher Bozzi**  
**Fax: 860.262.5377**

For Official use Only

Request completed by: \_\_\_\_\_ Date: \_\_\_\_\_