



BOSTON POLICE DEPARTMENT

Charles J Pettus, Chief of Police

Request for Dissemination of Incident/ Accident Report

PERSON REQUESTING REPORT

Name: _____ **Date of Birth:** ____/____/____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

(ALL REQUESTS MUST BE ACCOMPANIED BY A PHOTO ID)

REPORT INFORMATION

CASE #: _____ **INCIDENT LOCATION:** _____ **DATE:** _____

INVOLVED PARTIES: _____

REASON FOR REQUEST

VICTIM: _____ **OFFENDER:** _____ **LEGAL COUNSEL:** _____ **PRESS:** _____

OPEN RECORDS REQUEST: _____

APPROVAL OF REQUEST

APPROVED: _____ **DENIED:** _____ **PENDING D.A. APPROVAL:** _____

APPROVING/DENYING OFFICIAL: _____

REASON FOR DENIAL: _____

DATE OF DISSEMINATION

RELEASE DATE: ____/____/____

RELEASED TO: _____

RELEASED BY: _____

I.D. PROVIDED: _____