



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: _____

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 – INTERNAL USE ONLY

RELEASE DATE: ____/____/____

RELEASED TO: _____

RELEASED BY: _____

I.D. PROVIDED: _____