MARYLAND NATURAL RESOURCES POLICE RECORDS SECTION 1072 EAST COLLEGE PARKWAY ANNAPOLIS, MD 21409 (410) 295-4646

REQUEST FOR COPY OF POLICE REPORT

Please print all entries. To receive a copy of a police report, please fill out the following information and mail your request along with payment to the above address. There is a \$5.00 reproduction charge for each report requested. Payment must be in the form of a check or money order (cash will not be accepted) made payable to Maryland Natural Resources Police. Please include as much information as possible. REPORTS CANNOT BE PICKED UP WHILE YOU WAIT, NOR CAN THEY BE FAXED. Once the Records Section receives your request and payment, the report will be mailed within 30 days. Unsigned requests for police reports will not be processed and will be returned to the requestor.

If you have any questions about this procedure, please contact the Records Section at 410-295-4646.

Type of Police Report & Purpose/Reason for Request					
☐ Motor Veh		Boating Acc	<u> </u>	Hunting .	Aggident
	on Other Type of Rep				Accident
Purpose/Reason for Requ					
Incident & Requesting Person's Information					
ncident Number: Date & Time Reported:					
Type of Incident:			Investigating Officer:		
Location & County of Inc	cident:				
Requesting Person's Nan	ne:				
Requesting Person's Add					
Requesting Person's Pho	ne Numbers: Ho	me #:	W	ork #:	
Requesting Person's Qualification for Police Report (check one box ONLY)					
*Person involved in incident (indicate whether driver, passenger, property owner, pedestrian, owner, victim, or defendant):					
*Legal representative of person involved (indicate whether attorney, parent/guardian, conservator):					
*Employee/Agent of insurance company of person involved in motor vehicle accident (indicate policy/claim #):					
*State Attorney's or other prosecutor (indicate county/state):					
*Representative from victim's services program (indicate organization's name):					
*Employee or radio/television station licensed by the FCC (indicate station's call letters & channel):					
*Employee of newspaper (indicate name of newspaper):					
*Unit of local/state/federal government that is authorized access to report (indicate unit's name):					
Beneficiary of deceased person involved (indicate relationship):					
Other (indicate specific relationship, capacity, or authority):					
Additional Requirements for Motor Vehicle Accident Reports (check & complete)					
Under the Annotated Code of Maryland, Transportation Article, §20-110, for 60 days following the date a motor vehicle accident report is filed, only					
a qualified person as designated by one of the asterisks (*) listed above may access the report. In addition they must:					
Provide a valid driver's license or other state issued identification card (attach copy).					
Provide proof that the requesting person is a qualified person authorized to receive the report (attach proof). Sign the statement below:					
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From the time a person is granted access to the report until 60 days after the date the report is filed, the report will not be used for any commercial solicitation of an individual listed in the report, and that the person will not knowingly disclose any information contained in the report to a third					
party for commercial solicitation of an individual listed in the report.					
	Signature of Requestor			Da	nte Signed
Acknowledgement (read & sign)					
Under the Annotated Code of Maryland, Transportation Article, §20-110, a person who obtains a motor vehicle accident report in violation of the					
statute is guilty of felony and on conviction is subject to a fine not exceeding \$10,000.00 or imprisonment not exceeding fifteen (15) years, or both.					
AND / OR Under the Annotated Cody of Maryland, Government Article, §10-627, a person who obtains a government record in violation of the statute or					
fraudulently obtains a government record is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$1,000.00.					
	Signature of Requestor	_		Da	nte Signed
OFFICIAL USE ONLY					
VERIFYING OFFICIAL:	(PRINTED NAME)		VERIFYING OFFICIAL:	(SIGNATURE)	DATE
	,			- ,	
DATE REPORT FILED:	HAS 60 DAYS ELAPSED S	SINCE REPORT FILED:	REQUESTOR INFORMA	ΓΙΟΝ VERIFIED:	REQUEST APPROVED?
	☐ Yes	□ No	☐ Yes	□ No	☐ Yes ☐ No