



# SPRINGFIELD POLICE DEPARTMENT INFORMATION REQUEST FORM



ACCIDENT REPORT						
Report #:	Date / Time:	Location:				
Driver # 1:			Driver # 2:			
INCIDENT REPORT						
Report #:			Date / Time:			
Victim:			Suspect:			
Type of Incident:			Location:			
VIDEO						
Report #:			Date / Time:			
Victim:			Suspect:			
Type of Incident:			Location:			
Suspect Vehicle Information: (Make/Model/Year)			License:		State:	
PHOTOGRAPHS						
Report #:			Date / Time:			
Victim:			Suspect:			
Type of Incident:			Location:			
Number of Photos Requested: _____ Index Print    _____ 4X6    _____ 8X10    _____ 11X14    _____ CD						
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    Available 24 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fax to:						
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:			
LAB USE						
Index Print:	4X6:	8X10:	11X14:	CD's:	Total Rolls Processed:	Total Photos Produced: