

# REQUEST FOR REPORTS

## Report Information

Type of Report Requested  
(CIRCLE ONE)

(AC) ACCIDENT

(OF) OFFENSE

(FI) FIELD  
INTERVIEW

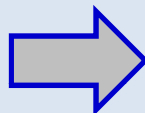
Date(s): \_\_\_\_\_

Incident #: \_\_\_\_\_

**\*\*One form is to be completed for EACH report that is requested\*\***

**If requesting an accident report, you must turn in your operator crash report  
BEFORE the Officer's report request can be processed!**

**All Arrest Reports *MUST*  
be requested through  
Ayer District Court  
(NOT using this form!)**



**Ayer District Court  
Attn: A.D.A. Supervisor  
25 East Main Street  
Ayer, MA 01432**

## Requester Information

Printed Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

State Issued Identification #: \_\_\_\_\_

Signature: \_\_\_\_\_

You will be contacted at the above telephone number when your report is ready to be picked up.  
Please be advised, we have **10 BUSINESS DAYS** to disseminate the requested report.

### PLEASE NOTE:

Reports will only be released to an INVOLVED PARTY or,  
a LEGAL GUARDIAN of a JUVENILE (*age 16 or under*) concerning the requested report.  
**\*\* Show a valid ID and sign report request log when the report is picked up.  
IN ADDITION to completing this form and paying for your request! \*\***