



Incident Report (1.1) Request Form

Today's Date: _____

Date of Report or Incident: _____

Time of Report or Incident: _____ AM PM

Street: _____
Address where incident occurred

Report Number: _____ District: _____
(If known)

Name: _____
Victims or Complainants Name

Type of Incident: (Check the appropriate box)

- Auto Accident Breaking/Entering Assault/Battery Vandalism
 Domestic Other

Stolen Car License Plate #: _____ State _____

Vehicle recovered? Date: _____

Recovery Address _____

The information provided above is correct to the best of my ability. I understand that the Boston Police Department is not obligated to refund the Search and Service fee if information provided is incorrect and requested report cannot be found.

Customer's Signature

Search and Service Fee: \$ 5.00 (Cash Only)
This fee is waived for individuals listed in the report as a victim.