



MAINE STATE POLICE

Traffic Safety Unit
Crash Reports
SHS # 20, 36 Hospital St
Augusta ME 04333
207-624-8944

CRASH INVESTIGATION REPORT REQUEST FORM

REQUESTOR INFORMATION

FULL NAME: First Name Last Name	COMPANY NAME:
MAILING ADDRESS:	
STREET: Street/ PO Box	
CITY/TOWN: City/Town STATE: ZIP CODE: Zip Code	
TELEPHONE NUMBER: Telephone	
E-MAIL ADDRESS: E Mail	

INFORMATION REGARDING THE CRASH ACCOUNTED FOR IN THE REQUESTED REPORT

CRASH DATE: Crash Date	CRASH REPORT NUMBER:
LOCATION:	FATAL INVESTIGATIVE RPT:
STREET: Street/ PO Box	RECONSTRUCTION RPT:
CITY/TOWN: City/Town	FORENSIC MAPPING RPT:
	VEHICLE AUTOPSY RPT:
	VEHICLE DOWNLOAD EDR:
BRIEF DESCRIPTION OF CRASH (INCLUDING, IF AVAILABLE, NAMES/DOB OF INDIVIDUALS INVOLVED) Description - Unlimited Text	
REASON FOR REQUESTING THIS INCIDENT INVESTIGATION REPORT: <input type="checkbox"/> FOR MYSELF <input type="checkbox"/> ON BEHALF OF: FULL NAME OF INVOLVED: First Name Last Name	

I AM REQUESTING THIS CRASH INVESTIGATION REPORT FOR THE FOLLOWING REASON(S): Reason for requesting - Unlimited Text

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION I HAVE PROVIDED ABOVE IS CORRECT.

SIGNATURE: _____ **DATE:** _____

OR

ELECTRONIC SIGNATURE: Signature **DATE:** DATE

NOTE:

UNDER MAINE LAW, MAINE STATE POLICE CRASH INVESTIGATION REPORTS ARE CONFIDENTIAL AND MAY NOT BE RELEASED TO THE PUBLIC IF THERE IS A REASONABLE POSSIBILITY THAT DOING SO WOULD RESULT IN CERTAIN CONSEQUENCES IDENTIFIED IN APPLICABLE STATE LAW. SEE 1 MRSA §402(3) (A): 16 MRSA § 804. ACCORDINGLY, PLEASE NOTE THAT THE MAINE STATE POLICE MAY BE PROHIBITED BY LAW FROM RELEASING TO YOU THE REPORT YOU HAVE REQUESTED FROM OUR AGENCY.

SEND COMPLETED REQUEST FORM TO:

**MAINE STATE POLICE
TRAFFIC SAFETY UNIT
SHS # 20, 36 HOSPITAL ST
AUGUSTA ME 04333**