



# Ocean City Police Department

P.O. Box 759 ▪ Ocean City, Maryland 21842 ▪ (410) 723-6608

## Police Report Request

Complete the questions below. If you do not know your case number (CC#), you must answer every question so the report can be properly researched.

An administrative fee of \$7.00 must be submitted with this form to the Records Section. If the report is more than ten (10) pages in length, the request will be subject to a surcharge of \$0.50 per additional page. **You will not be given the report immediately. You will be provided a receipt for payment and the report will be researched and mailed to you.** If research determines a written police report was not required, you will be provided with a copy of the police "Call for Service". You will not be reimbursed any monies if a Call for Service is provided in lieu of a written police report.

Reports involving **JUVENILES** cannot be released without a court order (includes parents)

Police reports may only be released to 'Parties in Interest', which includes yourself (you must be named in the report), your attorney, your insurance company, your legally appointed representative, or subpoena. Your request may be denied if it is determined that releasing the report may hinder or compromise the continued investigation of an incident.

Case Number: \_\_\_\_\_ Date Occurred: \_\_\_\_\_ Time: \_\_\_\_\_  
Date Reported: \_\_\_\_\_ Time: \_\_\_\_\_

### Incident Type: (check one only)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Motor Vehicle Accident | <input type="checkbox"/> Lost Property              | <input type="checkbox"/> Assault                 |
| <input type="checkbox"/> Theft from Vehicle     | <input type="checkbox"/> Theft of Property          | <input type="checkbox"/> Sex Offense             |
| <input type="checkbox"/> Theft from Residence   | <input type="checkbox"/> Malicious Property Damage  | <input type="checkbox"/> Driving Under Influence |
| <input type="checkbox"/> Breaking & Entering    | <input type="checkbox"/> Accidental Property Damage | <input type="checkbox"/> Noise                   |
| <input type="checkbox"/> Other (explain): _____ |   |  |

Reporting Person Name: \_\_\_\_\_

Complainant/Victim Name: \_\_\_\_\_

Location Incident (be specific): \_\_\_\_\_

Investigating Officer Name: \_\_\_\_\_

Insurance Claim # (if applicable): \_\_\_\_\_

<b>Mail To</b>	Name _____ Phone Number _____	
	House/Box Number _____	Street _____
	City _____	State _____ Zip _____