



# BALTIMORE POLICE DEPARTMENT

## POLICE REPORT REQUEST FORM

DATE OF REQUEST : \_\_\_\_\_

FORM 378

### CUSTODIAN OF RECORDS

Requestor Name:  If Requestor is Victim of this crime, check box

Address:

Phone #:

Email Address:

Date & Time Frame of Incident:

Type of Report:

Incident Report

Vehicle Related Accident

Baltimore Police Report Number (CC#):

Location of Incident:

Date / Time of Report:

Victim Name:

Any additional details that may aid in processing your request:

Mail your request to:

Baltimore Police Department  
Attention: Community Correspondence Unit  
242 W. 29<sup>th</sup> Street  
Baltimore, Md. 21211

PLEASE INCLUDE A SELF-ADDRESSED ENVELOPE WITH POSTAGE IN ORDER TO RECEIVE A RESPONSE TO THIS REQUEST

For any accident report occurring prior to 2011 you may make your request using this form. For assistance, call (410) 396-2222, 7 AM – 3 PM, Monday through Friday. Please allow at least 10 business days from the accident date for reports to be available online.