

# MAINE STATE POLICE

## INCIDENT INVESTIGATION REPORT REQUEST FORM (PLEASE PRINT)

If you wish to receive component(s) of a Maine State Police Investigative file other than the Investigative Report you have requested, **Please attached and forward with this form a letter specifying which component(s) you wish to request.** Please note that additional fees will be charged for any such other component(s) that are provided. See 1 MRSA § 408-A(8).

### REQUESTOR INFORMATION:

<b>1 Name:</b> (Please provide full name & date of birth)			
<b>2 Mailing address:</b> (Street, City/Town, Zip Code/ PO Box)			
<b>3 Street address:</b> (Street City/Town, Zip Code) <i>**If same as #2, leave blank</i>			
<b>4 Tele. Number:</b> ( )		<b>5 E-mail address:</b>	
<b>6 Please send report via (please check one):</b> <input type="checkbox"/> <b>E-mail</b> <input type="checkbox"/> <b>Fax</b> <input type="checkbox"/> <b>Postal Mail</b>			
<b>7 Incident date and location:</b>			
<b>8 Brief description of incident (including, if available, all names &amp; dates of births of individuals involved)</b>			
<b>9 Incident Number(s):</b>			
<b>10 I am requesting this incident investigation report for: (check one below) –</b>			
FOR MYSELF: <input type="checkbox"/>		ON BEHALF OF: <input type="checkbox"/>	
(PRINT NAME):			
<b>11 I am requesting this incident investigation report for the following reason(s):</b>			

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

SIGNATURE:

DATE:

#### NOTE:

UNDER MAINE LAW, MAINE STATE POLICE INCIDENT 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, OR COMPONENTS OF REQUESTED REPORTS MAY BE REDACTED OR EXCLUDED IN ORDER TO COMPLY WITH EXISTING STATUTES.

#### Please Send Completed Request Form To:

Maine Department of Public Safety  
Attn: Maine State Police, Records Management Services  
45 Commerce Drive, Suite 1  
42 State House Station  
Augusta, Maine 04333-0042

**NOTE: If you are advised your request has an associated fee, please make any check or money order payable to: Treasurer, State of Maine.**