



George Arruda
Chief of Police

Swansea Police Department
Swansea, Massachusetts
1700 GAR Highway
Swansea, Massachusetts 02777
TEL: (508) 674-8464
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REPORT REQUEST FORM

Date: _____
Your Name: _____
Address: _____
City/Town: _____ State: _____
Zip: _____ Phone #: _____

REPORT TYPE: Circle One

MOTOR VEHICLE ACCIDENT INCIDENT

Subject Involved Name (If Different): _____
Date/ Time of Occurrence: _____
Location of Occurrence: _____

Please Note: All reports will be MAILED. Reports will NOT be given out at the station. Massachusetts General Law Ch. 66 Sec. 10 allows 10 days to respond to the records requests.

All report requests will be evaluated related to requester's eligibility to receive the requested report per exemptions to the Public Records Laws.

Basic Fees Estimated:

Motor Vehicle Accident Report..... Single Report, FREE
Incident Report.....Single Report FREE

Requests for more than a single report are estimated as \$.05 per page (single or 2 sided). All other aspects of the regulation relating to cost estimates, fees for search and segregation time, and other costs may be found at:
<http://www.sec.state.ma.us/pre/prepdf/950-CMR-32-06-Fees>

The Requestor of more than one report will be notified of the report fees on a case by case basis. Please make checks/money orders payable to "**Town of Swansea,**" and not the Swansea Police Dept. **No cash will be accepted.** There is a \$25.00 fee for returned checks.

Department Use Only:

Report #: _____
Accepting dispatcher: _____
Fee: _____
Date Mailed _____
Prepared by _____