Berlin Police Department

129 Decatur Street, Berlin, Maryland 21811

Police Report Request

Due to the private and confidential nature of police reports and their content, the following process shall apply when requesting a copy of a report. A request for a report shall be made in writing and presented to the Berlin Police Department. Only a person with a vested interest can complete this request. Individuals with vested interest are different from one reported incident to another, however victims (victims' lawyer, insurance company or parents if minors) generally can obtain a report and some witnesses or complainants. A copy of the report may be furnished to the requester provided that the investigation is not considered open and the report has been completed and approved.

The report does not contain certain sensitive information such as reports containing Juvenile accused information, reports containing information about certain sex offenses, reports containing confidential sources, reports which may reveal covert or specialized police techniques. However, reports or parts of reports may be denied to requestors for the above or many other reasons. The Berlin Police Department shall advise each requestor denied of the reason for the denial. Request for reports by a suspect of a criminal incident must go through the Worcester County States Attorney's Office.

Case#:	Investigating Officer:		
Date & Time Occurred:	Date & Time Report	ted:	
Complaint/Victim Name:			
Location of Incident (be specific):			
Reporting Person Name:			
Insurance claim # (if applicable):			
Incident Type: (check one only) Criminal	Motor Vehicle Collision	Other:	
REPORTS \$10.00 PICTU	JRES (if available) \$50.00	VIDEO (if available)	\$75.00
ADVANCED COLLISION REPO	ORTS \$10.00 (if applicable)		
Not all reports or Collisions have pictures	s or A.C. Reports (call for availab	oility, 410-641-1333)	
Victims of Domestic Violence cases will	not be charged for complaint rep	orts.	
*Checks or Money Orders only made pay	vable to: Berlin Police Departmen	nt *	
Please Mail To:			
Name		Phone Number	
House/ Box Number	Street		_
City	State	Zip	_

Date all items mailed:

For Official Use Only:

Amount Paid: