

Worcester County Sheriff's Office

Matthew Crisafulli
Sheriff



Nathaniel J. Passwaters
Chief Deputy

INCIDENT/ ACCIDENT REQUEST FORM

Date: _____

Requestor Name: _____

Requestor Organization: _____

Reason for Request: _____

Date Requested: _____

Check one: Accident Report (\$5.00 fee) Incident Report (\$6.00 fee)

Case/ Accident #(s): _____

Disseminated requested incident/ accident report.

Total Pages Included _____ (Not including this form)

Date disseminated _____

Did **NOT** disseminate requested incident/ accident report.

Reason for denial: _____

Payment Made: (Mail payment to address below)

Cash

Check # _____

WCSO Fillable Below

WCSO Employee who completed request (Printed Name)

Printed Name of Supervisor Approved

Signature of Supervisor Approved

Date Supervisor Approved

“Proud to Protect, Ready to Serve”

Worcester County Sheriff's Office
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www.WorcesterSheriff.com