



Hanover Park Police Department

Traffic Crash

Records Request Form

(Please print or type)

Name of person making request: _____

Address: _____

City, State, Zip: _____

Daytime telephone number: (Home) _____ (Work) _____

Crash Report Requested

Date of Incident: _____

Location of Incident: _____

Report Number: _____

Other Person Involved: _____

FEES MUST BE PAID AT TIME OF REQUEST

Traffic Accident Report = \$5.00

Traffic Accident Reconstruction Report = \$20.00

Reports may be picked up within seven (7) working days or report will be mailed within seven (7) working days.

OFFICE USE ONLY

Accepted/Fees paid: \$ _____

Check #: _____ for \$ _____ returned.

Person taking request: _____ Date: _____

Request: _____ Approved _____ Denied

Reason for denial: _____

By: (Print name) _____ Signature: _____ Date: _____

Approved by: _____