

FILE NO.: F-19-02589



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE



Request for Copy of Report

Company / Name of Person Requesting Report Copy: (First, MI, Last) LOUIS, J. MIANO - TOWN SQUARE MEDIA
Mailing Address: (Street / P. O. Box) 1004 FEDERAL RD. BROOKFIELD, CT 06804
City, State Zip Code BROOKFIELD, CT 06804

Enclose search fees (C.G.S. § 29-10b non-refundable search fee regardless if a report is produced or not) by check or money order payable to "Treasurer - State of CT" in the proper amount:

Indicate the number of uncertified reports requested: _____ @\$16.00 per request
Indicate the number of **certified** reports requested: 3 @\$16.00 per request
Total Amount: \$ 48.00

E-Mail Address: ~~XXXXXXXXXXXXXXXXXXXX~~
(Optional) Please note, by providing an e-mail address you agree to accept an electronic response to your request, if applicable. Incidents which may require additional review or requests for certified copies will NOT be transmitted electronically, and will be mailed via the United States Postal Service.

Mail the check or money order in the amount required and this request to:
DESPP-Reports & Records Unit, 1111 Country Club Road, Middletown, CT 06457-2389
Case Number: 1700531858 - 10/8/17, 1700360674 - 7/8/17, 1700556072 - 10/21/17

Traffic Crash - Date: _____ Time: _____ No Injury Serious Injury Fatal
Many crash reports may also be obtained online at www.BuyCrash.com

Criminal - Incident Date: _____ No Arrest Arrest - Date of Arrest: _____
All incident reports not available on BuyCrash, may also be requested online through the DESPP Internet site at www.ct.gov/despp

Name of any person(s) involved:

Last, First	How involved	Date of Birth (if available)	License # (if available)

For DESPP Office Use Only - Do Not Write Below This Line or Sign Form
Request completed by: _____ Date: _____
DESPP Staff Member

APR 22 2019
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