



Town of Tyngsborough

Police Department

20 Westford Road

Tyngsborough, Massachusetts 01879-0549

Phone: 978-649-7504 Fax: 978-649-3670



Request for a Copy of a Police Report

1. Motor Vehicle Accident Report: *(Operator Crash Report must be submitted prior to completing this form)*

a. Date of Accident: _____

b. Location of Accident: _____

c. Operator's Name: _____

2. Arrest Report:

a. Name of Defendant: _____

b. Date of Arrest: _____

c. Charges: _____

d. Reason for Requesting Report: _____

3. Other Reports:

a. Name of Victim: _____

b. Address of Victim: _____

c. Date of Incident: _____

d. Type of Incident: _____

Person requesting this report: _____

Date: _____ *Telephone (Required): _____

Address: _____

***You will be contacted when report request is complete.**

I hereby acknowledge I have received the information I requested.

Signature: _____ Date: _____