

CECIL COUNTY SHERIFF'S OFFICE
107 Chesapeake Blvd., Suite 112
Elkton, Maryland 21921

REQUEST FOR COPY OF A REPORT/DOCUMENTS

Date _____

**REPORT DISTRIBUTION HOURS: MONDAY – FRIDAY 7:00 A.M. – 3:00 P.M.
(CLOSED ON HOLIDAYS)**

TYPE OF REPORT: ACCIDENT _____ POLICE INCIDENT REPORT _____

Victim: YES _____ NO _____

To request a copy of a report please provide as much of the following information as possible:

Date of Incident: _____ Case #: _____

Location of Incident _____

PRINTED NAME: _____ Phone: _____

ADDRESS: _____

SIGNATURE: _____

CHECK _____ MONEY ORDER _____ **NO CASH ACCEPTED**

Checks made payable to "Cecil County" - Domestic Violence Reports (No Charge to victim)

REPORT FEES:

Report with 01 to 05 pages - \$5.00 per report.

Report with more than 5 pages will be \$1.00 per page

- DVD's or CD's: \$25.00 per disk
- Photos: Color Photos copied as part of the report - \$3.00 per page.

Calls for service will be charged per page, according to the fee list above, not per incident.

There is no charge to the victim of Domestic Violence for reports, photos, and/or DVD's/CD's.

MOTOR VEHICLE COLLISION REPORTS - \$5.00, includes the ACRS Report, and witness statements.

There will be additional fees for copies of photos and DVD's/CD's.

DETAIL CRASH INVESTIGATION REPORTS, (DCIR's) will be \$1.00 per page, which will include the Investigative Report, Diagram(s), Statement(s) and other related reports, i.e. search warrants, etc.

There will be an additional fee for copies of photos and DVD's/CD's.

In the event an authorized person is granted inspection and/or reproduction access of records there will be an additional charge of \$19.00 per hour as a staff member must supervise the review of the records to safeguard the integrity of the original documents. The first two hours of our research time are free. Additional research time, detailed analysis, redaction processes, and/or reproduction fees will be quoted dependent on the specific employee's pay rate.

Administrative Use Only Check /Money Order # _____ Amount _____
Fulfilled by: _____ Date: _____ By: Mail _____ In-Person _____

CCSO Form SO # 222 (1/2018)