

**WAYLAND POLICE DEPARTMENT
INCIDENT REPORT REQUEST FORM**

If this is an MOTOR VEHICLE CRASH report request, check here: _____

Allow 5 to 7 working days for processing.

PLEASE PRINT CLEARLY

TODAY'S DATE: _____

YOUR NAME: _____

YOUR ADDRESS: _____

CELL PHONE: _____

WORK PHONE: _____

HOME PHONE: _____

TYPE OF INCIDENT: _____

POLICE INCIDENT # (IF KNOWN): _____

DATE & TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

INVESTIGATING OFFICER'S NAME: _____

ADDITIONAL INFO: _____

ALL REPORTS ARE MAILED

INDICATE MAILING ADDRESS (IF DIFFERENT FROM ABOVE).

MAIL TO: _____

Requested by Signature: _____