



**INCIDENT REQUEST FORM**

**DATE OF REQUEST:**

**NAME OF REQUESTER:**

**STREET ADDRESS:**

**CITY/STATE/ZIP:**

**TELEPHONE:**

**EMAIL:**

**PLEASE NOTE: The following information will assist in locating the requested Report.**

**INCIDENT NUMBER:**

**DATE OF INCIDENT:**

**LOCATION OF INCIDENT:**

**PERSON(s) INVOLVED (victim, driver, pedestrian, etc.):**

**BRIEF DESCRIPTION OF INCIDENT:**

<b>COPIES OF:</b>	<b>FEE</b>	<b>NO. OF COPIES</b>	<b>APPLICANT FEE</b>
Incident Report	\$25.00		\$
Photographs	\$ ___ per copy		\$
Video – *Subpoena Required	\$35.00		\$
<b>FEE WAIVED FOR DREXEL AFFILIATES – PROPER ID REQUIRED</b>			
<b>FEES ARE NON-REFUNDABLE</b>		Total	\$

**Mail a copy of this Form with the appropriate fee to:**

Drexel University  
 Attention: Thomas Degnan  
 3201 Arch Street, Suite 350  
 Philadelphia, PA 19104

**TO EXPEDITE SERVICE, PLEASE SEND A SELF-ADDRESSED, STAMPED ENVELOP.**

Make Checks or Money Orders payable to “Drexel University Department of Public Safety”

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**FOR AGENCY USE ONLY**

**DATE RECEIVED:**

**RECEIVED BY:**

**DATE SENT:**

**SENT BY:**

**\*\*Please allow up to 10 days from the date of request to respond.**