



# POLICE DEPARTMENT

PALISADES PARK, NEW JERSEY 07650

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## Request for an Accident/Incident Report

Type of Report

Incident Number: \_\_\_\_\_

Accident \_\_\_\_\_

Incident \_\_\_\_\_

Please Type or Print Clearly

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date and Time of Accident/Incident: \_\_\_\_\_ @ \_\_\_\_\_ am / pm

Location of Accident/Incident: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Fee Schedule

\$0.75 per page: 1 - 10 pages

\$0.50 per page: 11 - 20 pages

\$0.25 per page: 21 pages or more

\*Copies requested to be mailed must have a self addressed stamped envelope or pay postage. Price for postage will be determined by weight.

\* Copies of reports may be picked up Monday through Friday 9:00am-4:0pm.