AMTRAK POLICE DEPARTMENT

COPY OF POLICE REPORT REQUEST FORM

THE PURPOSE OF THIS FORM IS TO REQUEST A COPY OF AN AMTRAK POLICE DEPARTMENT REPORT.

PLEASE PROVIDE THE FOLLOWING INFORMATION

1. REQUESTER NAME (LAST, FIRST, MI)	2. DATE OF REQUEST	3. TELEPHONE NUMBER	
4. ADDRESS (MUST BE AN ACTUAL ADDRESS- BUSINESS/P.O. BOX NOT ALLOWED)	5. CITY	6. STATE	7. ZIP CODE

PLEASE NOTE: THE FOLLOWING INFORMATION WILL ASSIST IN LOCATING THE REQUESTED REPORT

POLICE REPORT INFORMATION

8. INCIDENT NUMBER	9. DATE OF INCIDENT
10. LOCATION OF INCIDENT	11. DATE AND TIME REPORTED TO AMTRAK POLICE

12. PLEASE BRIEFLY DESCRIBE WHAT OCCURRED:

PLEASE NOTE: IF YOU ARE A LAW FIRM / INSURANCE AGENT REQUESTING ON BEHALF OF A CLIENT, PLEASE ENCLOSE AN AUTHORIZED RELEASE

OPERATIONS SUPPORT USE ONLY

13. COMMENTS/ NOTES:

APDF 46 (7/2015CR)

UPON COMPLETION OF THIS FORM, PLEASE MAIL THIS REQUEST TO:

AMTRAK POLICE DEPARTMENT
OPERATIONS SUPPORT RECORDS
112 SOUTH FRENCH STREET, 3RD FLOOR
WILMINGTON, DE 19801

EMAIL: APDREPORTS@AMTRAK.COM
FAX: (215) 349-2631