

# VILLAGE of MAMARONECK POLICE DEPARTMENT

## *Detective Bureau • Records Unit*

### Request for Police Report

Request Date:	
Requester's Name:	
Requester's Address:	
Requester's Phone Number:	
Requester's E-Mail:	
Persons Involved in Incident:	
Date of Incident:	
Location of Incident:	
Type of Incident:	<input type="checkbox"/> Traffic Accident <input type="checkbox"/> Suspicious Incident <input type="checkbox"/> Domestic Incident <input type="checkbox"/> Aided Case <input type="checkbox"/> Other (briefly explain below):
Incident/Event Number: (if known)	

**Method of receipt** (choose one)

(Note reports **must** be picked up in person upon presentation of photo identification):

☐ **Police Records Office** Monday-Friday 9:00 am to 5:00 pm (excluding holidays)

☐ **Police Desk** (Available 24 hours a day 7 days a week)

☐ **E-Mail** (identification procedure required)

• Detective Bureau • Records Unit •  
• 169 Mt. Pleasant Ave • Mamaroneck NY 10543 •  
• **Phone:** 914-825-8542 • **Fax:** 914-825-8510 •  
• **Email:** [kronaghan@vompd.com](mailto:kronaghan@vompd.com) •