



OCEAN CITY POLICE DEPARTMENT
P.O. Box 759 ❖ Ocean City, Maryland 21842 ❖ 410-723-6608



POLICE REPORT REQUEST

Complete the questions below. If you do not know your case number (CC#), you must answer every question so the report can be properly researched.

An administrative fee of \$10.00 must be submitted with this completed request to the Records Section. If the report is more than five (5) pages, the request will be subject to an additional \$1.00 per additional page. Requests for photos and videos will be provided on a CD/DVD format; with a pre-payable fee of \$50.00 for each photo CD; and \$75.00 for each video DVD, including in-car camera video, if applicable.

Certified copies of police reports are billed at \$2.00 per signature/stamp; per page if each page is stamped.

You will not be given the report immediately. You will be given a receipt for payment and the report will be researched and mailed to you.

If the incident did not require an investigative report to be filed by the officer, you will be mailed a copy of the "Call for Service" showing that the police did respond. You will not be reimbursed any monies if a written report was not necessary.

☞ **Reports involving JUVENILES (<18) charged with an offense cannot be released without a court order, even to parents. Reports involving juvenile victims can be released to parents.**

Police incident reports are only released to 'parties in interest,' which includes yourself (you must be named in the report), your attorney, your insurance company, your legally appointed representative, subpoena. Your request may be denied if the incident is under investigation and it is determined that releasing information may hamper said investigation. Property owners will not be given reports concerning renters unless the owner(s) are specifically named in the report; owners will receive a copy of the call for service only.

1234

CASE NUMBER (CC Number); if known: _____

If CC number is unknown, please answer the following:

Date of Incident- 2/6/2026	Type of Incident (accident; theft; assault; damaged property; etc)- theft
Location of Incident (Be specific, not just Coastal Hwy. or Ocean City)- Philadelphia	Name(s) of Involved Parties- Bob Bobbins
Investigating Officer (if known)-	Other information-

Photos/Video requested (if available, not all incidents have photos) _____ **Yes** _____ **X** **No**
\$50.00 fee is due prior to mailing photo CDs: Paid _____ Invoice Mailed _____
\$75.00 fee is due prior to mailing video CDs: Paid _____ Invoice Mailed _____

Please provide the following contact information (REQUIRED):

Name John Jawns	BAIL BOND AGENT <input type="checkbox"/> Check if applicable
Address 1234 Road st.	
City, State, Zip Philadelphia, Pa, 19130	
Daytime Phone	