



**OFFICE OF THE SHERIFF, CALVERT COUNTY**  
30 Church Street  
Prince Frederick, MD 20678

Mike Evans, Sheriff

**INFORMATION REQUEST FORM**

The Freedom of Information Act, Maryland Code, State Government, § 10-611, grants the right to access records.

**FEES:**

**ACCIDENT REPORT / FATAL ACCIDENT REPORT .....\$10**  
**CRIMINAL REPORT.....\$5**  
**RECONSTRUCTION REPORT ..... \$2/page**  
**CD's/DVD's .....\$10**  
**PHOTOS.....\$1/each**

Additional fees of \$28/hour required for any research/copying that exceeds two (2) hours. We only accept cash or checks made payable to Calvert County Treasurer. Mail to Calvert County Sheriff's Office (address above), or leave with the clerk at the window.

**PURSUANT TO MARYLAND LAW:  
WE ARE UNABLE TO RELEASE ANY JUVENILE INFORMATION**

If you are requesting an **ACCIDENT REPORT, RECONSTRUCTION REPORT, FATAL ACCIDENT REPORT, DWI OR DUI**, complete **sections 1 & 3**; a **CRIMINAL REPORT**, complete **sections 2 & 3**.

**SECTION # 1**-----

DRIVER: \_\_\_\_\_ OWNER: \_\_\_\_\_

**SECTION # 2**-----

DATE REQUESTED: \_\_\_\_\_ REPORT #: \_\_\_\_\_

NAME: \_\_\_\_\_ or BUSINESS: \_\_\_\_\_

**SECTION # 3**-----

RELATIONSHIP TO SUBJECT OF REPORT: \_\_\_\_\_

LOCATION OF OCCURRENCE: \_\_\_\_\_

DATE/TIME REPORTED TO POLICE: \_\_\_\_\_ REPORT #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT NUMBER(S): \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

**ADMINISTRATIVE USE ONLY**

Report Paid: Yes  No  Amount Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Report Released by (CCSO) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Report Mailed  Report Picked Up

**NOTE: Refer requests for phone recordings to Jess Jones.**