



TOWN OF MARBLEHEAD  
**Police Department**

**ROBERT O. PICARIELLO**

**Chief of Police**

11 Gerry Street  
Marblehead, Mass. 01945

**(781) 631-1212**  
**FAX (781) 639-2211**

Incident Report / Accident Report Request Form

Date of Request: \_\_\_\_\_

Date of Incident / Accident: \_\_\_\_\_

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

Your Address \_\_\_\_\_

Your Phone Number \_\_\_\_\_

Location of Incident / Accident (Street /  
Intersection) \_\_\_\_\_

Any additional Info: \_\_\_\_\_

Please mail the report to me \_\_\_\_\_ Please call me and I will pick it up \_\_\_\_\_

Please return this form to the Marblehead Police Department **together with a check for \$5.00**  
made **payable to the Town of Marblehead.**

An **Accident Exchange Information Sheet** is available immediately after it is completed by the  
officer and at NO COST to you.