



REPORTS \$1.50
(Certified Copy; Includes Cost of Mailing)

SUMMIT COUNTY JAIL/RECORDS/ID BUREAU
PHONE: 330-643-2176
8:30 AM TO 4:30 PM

PLEASE CONTACT US FIRST FOR AVAILABILITY

***FEES MUST BE PAID BEFORE ANY
REQUEST WILL BE COMPLETED.***

MAKE CHECKS PAYABLE TO: *SUMMIT COUNTY SHERIFF*

MAILING ADDRESS: *205 E. CROSIER ST., AKRON, OHIO 44311*
ATTN: RECORDS

DATE OCCURRED: _____ DATE REPORTED (IF DIFFERENT) _____

_____ **INCIDENT REPORT** _____ **ACCIDENT REPORT**
(CHECK BOX FOR TYPE OF REPORT)

LOCATION OCCURRED: _____ CITY/TWP/VILL _____
(CITY OF GREEN, COVENTRY TWP., NORTHFIELD CTR TWP., TWINSBURG TWP.)

DRIVER(S)/REPORTING PARTY/VICTIM _____

NAMES OF OTHER PARTIES INVOLVED: _____

REPORT NUMBER: _____ (if known)

ANY ADDITIONAL INFORMATION: _____

RETURN ADDRESS: _____