



WENHAM POLICE DEPARTMENT



Kevin DiNapoli
Chief of Police

1 Friend CT.
Wenham, MA 01984

Jason Lucontoni
Deputy Chief

Tel: 978-468-5500

Fax: 978-468-5603

Information and Report Request Form

Date: ____ / ____ / 20 ____

Person Requesting Information: _____

Date of Incident: ____ / ____ / 20 ____ Type of Incident: _____

Location of Incident: _____

Other Names Involved: _____

*******Complete Side Two If Applicable*******

Would you like to have information E-mailed or Picked-Up in person? [Circle One]

NOTE: All requests must be picked up within a week of being notified when ready, otherwise records will be disposed of. Photo ID must be shown at time of pick up.

E-mail Address: _____ Best Phone number for pick up Notification: _____

Please return completed form in person to the Wenham Police Dept (1 Friend Ct.) or via email to: kdinapoli@wenhamma.gov

- Chapter 66 & 10 require that “a custodian of a public record shall, within 10 business days following receipt of a request shall comply with such request.
- Note when a report is released it will be redacted per G.L.c4,sec.7,cl26(c)(privacy exemption) due to the sensitive nature of these records as a medical file or information the disclosure of which may constitute an unwarranted invasion of personal privacy(such as date of birth, phone numbers, license numbers issued by RMV etc.)and does not include any possible juvenile, or medical information of parties that may have been part of incident(other than what you own and what you are entitled to under Mass Public Law)
- Note exception (f) investigatory Materials: “Redactions may be appropriate where they serve to preserve the anonymity of voluntary witnesses. The voluntary participation of witnesses is crucial in reporting and solving crimes.
- Please sign below acknowledging the above information.

SIGNATURE: _____

[Police Use Only]

Date Received: ____ / ____ / 20 ____ In hand or Email (circle one) Received by: _____

Date left for pick up or emailed (Circle one) ____ / ____ / 20 ____ Initials _____

Rev. 12/14/2020



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Release of Police Reports under G.L. c. 41, § 97D

I, _____ (print name), _____ (date of birth) am a complainant in a domestic violence (G.L. c. 209A, § 1) and/or sexual assault investigation.

I may choose to get a copy or copies of the completed report(s) pertaining to my case and distribute it to whoever I choose; and/or I may name people below.

I understand that information about my case must be kept confidential by the police. However, under G.L. c. 41, § 97D, I request that completed reports relating to my case be released in the following. [Please check the applicable box and clearly print the information requested.]

Me.

My Attorney: _____.

My Victim/Witness Advocate (G.L. c. 258B, § 1): _____.

My Domestic Violence Counselor (G.L. c. 233, § 20K): _____.

My Sexual Assault Counselor (G.L. c. 233, § 20J): _____.

And the following named individuals and, if applicable, their organizations:

_____ of _____.

_____ of _____.

_____ of _____.

Signed: _____

On this: Month: _____, Day: _____, Year: 20_____.

Important Note: Please understand that: (1) G.L. c. 41, § 97D authorizes law enforcement officers, prosecutors and bail commissioners to communicate and access reports concerning your case in the performance of their professional duty; (2) police agencies are required to share your case information with social service agencies investigating reports of child, disabled or elder abuse and neglect; and (3) college and university police departments must share reports and information with the Title IX Coordinator under federal law.

