

Department of State Police

Crime Laboratory
Office of Alcohol Testing
124 Acton Street

Maynard, Massachusetts 01754
Tel. 857-377-3030 Fax 857-377-3035

RETROGRADE EXTRAPOLATION REQUEST FORM

Date of Request:		Court Date*:			
ARREST INFORMATION					
Defendant: (Last, First, MI)		Charges:			
Arresting Dept:		Date of Arrest:			
Court Location:		Docket No:			
<i>NOTE: Attach a copy of the Police Report AND the Implied Consent Report Form or the Hospital Laboratory Result</i>					
REQUESTED BY					
Name:					
Telephone:		Fax:			
Email:					
Agency:					
Address:					
City:		State:		Zip:	

Cases will not be assigned and reports will not be issued until a court date has been provided.

