

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.