

PENNSYLVANIA STATE POLICE
**APPLICATION TO OBTAIN COPY OF
 POLICE CRASH REPORT**

WWW.PSP.STATE.PA.US

FOR POLICE USE ONLY
 (LEAVE BLANK)

PLEASE DO NOT SUBMIT THIS APPLICATION UNTIL 15 DAYS HAVE ELAPSED SINCE THE DATE OF THE CRASH. THIS CRASH WILL BE INVESTIGATED IN ACCORDANCE WITH SECTION 3746(C) OF THE PENNSYLVANIA VEHICLE CODE BY THE LISTED PENNSYLVANIA STATE POLICE STATION.

PERSONS AUTHORIZED BY SECTION 3751(B) OF THE PENNSYLVANIA VEHICLE CODE INCLUDE ANY PERSON INVOLVED IN THE CRASH, THEIR ATTORNEY, INSURER, THE FEDERAL GOVERNMENT, BRANCHES OF THE MILITARY SERVICE, COMMONWEALTH AGENCIES, OFFICIALS OF POLITICAL SUBDIVISIONS, OR AGENCIES OF OTHER STATES AND NATIONS AND THEIR POLITICAL SUBDIVISIONS.

POLICE CRASH REPORTS MAY BE VIEWED OR PHOTOGRAPHED (***WITH PERSONAL EQUIPMENT***) BY ANY PERSON INVOLVED (NOT WITNESSES), THEIR ATTORNEY, INSURER, AND CERTAIN GOVERNMENT OFFICIALS ONLY AT THE INVESTIGATING STATION.

DATE OF CRASH		TIME OF CRASH	INCIDENT NUMBER (CONTACT THE INVESTIGATING STATION)	
COUNTY			MUNICIPALITY (TOWNSHIP, BORO, CITY)	
ROUTE NUMBER	LOCATION			ROUTE SIGNING

REASON FOR REQUEST:

<input type="checkbox"/> DIRECTLY INVOLVED IN CRASH	ENTER THE INVOLVED DRIVER and/or OWNER (<i>MANDATORY</i>)
<input type="checkbox"/> ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH	CLIENT'S NAME (<i>MANDATORY</i>)
<input type="checkbox"/> GOVERNMENT AGENCY OR OFFICIAL	AGENCY & JUSTIFICATION (<i>MANDATORY – ATTACH OFFICIAL LETTERHEAD</i>)
<input type="checkbox"/> OTHER (EXPLAIN):	

REQUESTOR:

NAME		TELEPHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE	
SIGNATURE OF REQUESTOR			DATE	

IF KNOWN, OTHERS INVOLVED IN THE CRASH (E.G., DRIVERS, OWNERS, PEDESTRIANS, PROPERTY OWNERS, ETC.):

NAME	NAME
INVOLVEMENT (ADDRESS IF PROPERTY OWNER)	INVOLVEMENT (ADDRESS IF PROPERTY OWNER)

PAYMENT INFORMATION

ATTACH A CHECK OR MONEY ORDER MADE PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA	FEE IN THE AMOUNT: \$22.00
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MAIL COMPLETED APPLICATION & FEE TO:

PENNSYLVANIA STATE POLICE
 ATTN: CRASH REPORTS UNIT
 1800 ELMERTON AVENUE
 HARRISBURG, PA 17110

ENTER WHERE THE COPY IS TO BE SENT:

YOUR NAME			
ADDRESS			
CITY	STATE	ZIP CODE	

<input type="checkbox"/> IF AVAILABLE, REQUEST COPY VIA EMAIL <i>IN LIEU OF MAILING</i> COPY WILL BE PROVIDED IN AN ADOBE ACROBAT FORMAT
LEGIBLY ENTER YOUR EMAIL ADDRESS: