

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

[WWW.PSP.STATE.PA.US](http://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 ( <b><i>MANDATORY</i></b> )
<input type="checkbox"/> ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH	CLIENT'S NAME ( <b><i>MANDATORY</i></b> )
<input type="checkbox"/> GOVERNMENT AGENCY OR OFFICIAL	AGENCY & JUSTIFICATION ( <b><i>MANDATORY – ATTACH OFFICIAL LETTERHEAD</i></b> )
<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: <b>COMMONWEALTH OF PENNSYLVANIA</b>	FEE IN THE AMOUNT: <b>\$22.00</b>
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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 <b><i>IN LIEU OF MAILING</i></b> COPY WILL BE PROVIDED IN AN ADOBE ACROBAT FORMAT
LEGIBLY ENTER YOUR EMAIL ADDRESS:	