

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

FOR POLICE USE ONLY
 (LEAVE BLANK)

PLEASE DO NOT SUBMIT THIS APPLICATION UNTIL 15 DAYS HAVE ELAPSED SINCE THE DATE OF THE CRASH.

THE CRASH, IN WHICH YOU WERE INVOLVED, HAS BEEN REPORTED TO THE PENNSYLVANIA STATE POLICE AND WILL BE INVESTIGATED IN ACCORDANCE WITH SECTION 3746(C) OF THE PENNSYLVANIA VEHICLE CODE.

CERTIFIED COPIES OF THE COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM (**EXCLUDING APPENDED DOCUMENTS AND PHOTOGRAPHS**) FOR CRASHES REPORTED TO THE PENNSYLVANIA STATE POLICE ARE AVAILABLE TO PERSONS AUTHORIZED BY SECTION 3751(B) OF THE PENNSYLVANIA VEHICLE CODE, TO 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, UPON COMPLETION OF THIS FORM AND ACCOMPANIED BY A CHECK OR MONEY ORDER IN THE AMOUNT OF \$22.00. THE CHECK OR MONEY ORDER SHALL BE MADE PAYABLE TO THE COMMONWEALTH OF PENNSYLVANIA.

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.

**A COPY OF THE CRASH REPORT CAN BE OBTAINED ONLINE AT
<https://crashreports.psp.pa.gov>.**

DATE OF CRASH	TIME OF CRASH	CAD/CASE NUMBER	
COUNTY		MUNICIPALITY (TOWNSHIP, BORO, CITY)	
ROUTE NUMBER	LOCATION	ROUTE SIGNING	

REASON FOR REQUEST:

<input type="checkbox"/> DIRECTLY INVOLVED IN CRASH	YOUR INVOLVEMENT (E.G. DRIVER, OWNER)
<input type="checkbox"/> ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH	CLIENT'S NAME
<input type="checkbox"/> GOVERNMENT AGENCY OR OFFICIAL	AGENCY AND TITLE
<input type="checkbox"/> OTHER (EXPLAIN):	

REQUESTOR:

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

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

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

PAYABLE TO COMMONWEALTH OF PENNSYLVANIA	IN THE AMOUNT OF \$22.00		
MAIL TO PENNSYLVANIA STATE POLICE: CRASH REPORTS UNIT			
ADDRESS 1800 ELMERTON AVENUE	CITY HARRISBURG	STATE PA	ZIP CODE 17110

ENTER YOUR COMPLETE NAME, MAILING ADDRESS, AND EMAIL ADDRESS WHERE THE COPY IS TO BE SENT:

NAME	<input type="checkbox"/> REQUEST COPY VIA EMAIL (IN LIEU OF MAILING) COPY WILL BE PROVIDED IN AN ADOBE ACROBAT FORMAT *NOT AVAILABLE FOR CRASHES PRIOR TO 1/2004
ADDRESS	
CITY	LEGIBLY ENTER YOUR EMAIL ADDRESS:
STATE	
ZIP CODE	