	CITY OF PHILADELPHIA DEPARTMENT OF RECORDS APPLICATION FOR TRAFFIC ACCIDENT REPORT OR PHOTOGRAPH				DATE OF APPLICATION (PLEASE ALLOW 2 TO 3 WEEKS FROM DATE OF ACCIDENT)		
THIS SPACE RESERVED FOR VALIDATION	NAME OF APPLICANT			TELEPHONE NUMBER OF APPLICANT			
	ADDRESS	CITY STATE ZI.	IP CODE	DATE OF ACCIDENT			
	LOCATION OF ACCIDENT PERSON(S) INVOLVED (DRIVER OF VEHICLE)			DATE ACCIDENT REPORTED TO POLICE			
	PERSON(S) INVOLVED (DRIVER OF VEHICLE, PEDESTRIAN, ETC.)			YOUR CLAIM, POLICY OR FILE NUMBER (OPTIONAL)			
	DISTRICT CONTROL NUMBER	PHILADELPHIA CODE		ACCIDENT INVESTIGATION DIVISION NUMBER			
	COPIES OF			FEE	NO.	APPLICANT'S FEE	
	TRAFFIC ACCIDENT REPORT		\$2	5.00 EACH		\$	
	PHOTOGRAPHS AVAILABLE FOR SUBJECT ACCIDENT		7.00 RST PRINT		\$		
				00 EACH D'L PRINT		\$	
	FEE NOT REFUNDABLE	MAIL <u>THIS</u> PORTION WITH	H APPRO	OPRIATE FEE TOTAL \$			
	PLEASE SEND A SELF-ADDRESSED, STAMPED ENVELOPE.						
IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM AND/OR TO PARTICIPATE IN A PROGRAM OR SERVICE, CONTACT THE ADA COORDINATOR AT 686-2266.							
82-23_Int (Re	v. 12/11)						

CITY OF PHILADELPHIA DEPARTMENT OF RECORDS

FACT SHEET ABOUT REQUESTS FOR AUTOMOBILE ACCIDENT REPORTS

PLEASE RETAIN BOTTOM PORTION OF FORM FOR YOUR FILES. NOTE THE DATE YOU MAILED YOUR REQUESTS, DISTRICT CONTROL NUMBER, PHILADELPHIA CODE AND ANY OTHER INFORMATION THAT MAY BE PERTINENT TO YOU.

DISTRICT CONTROL NO./PHILA. CODE

NAME(S) OF DRIVERS/FILE NO.

DATE MAILED

It is essential that the information provided on this application is accurate. Information should include the following: Date of accident, name of driver(s), location of accident, district control number and the Philadelphia Code. The district control number and the Philadelphia Code can be obtained by calling the police district where accident occurred. **Insufficient or vague information may result in a negative response.**

All Inquires are made and mail is sent to: Department of Records Traffic Accident Reports Room 168, City Hall Philadelphia, PA 19107 (215) 686-2266

TO EXPEDITE SERVICE, PLEASE SEND A SELF-ADDRESSED, STAMPED ENVELOPE.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO "CITY OF PHILADELPHIA"

FEE NOT REFUNDABLE

PLEASE ALLOW 2 TO 3 WEEKS FROM DATE OF ACCIDENT BEFORE APPLYING FOR COPIES.

