


CITY OF PHILADELPHIA • DEPARTMENT OF RECORDS APPLICATION FOR CRASH REPORT		DATE OF APPLICATION (PLEASE ALLOW 2 TO 3 WEEKS FROM DATE OF CRASH)						
THIS SPACE RESERVED FOR VALIDATION	NAME OF APPLICANT		TELEPHONE NUMBER OF APPLICANT					
	ADDRESS <small>CITY STATE ZIP CODE</small>		DATE OF CRASH					
	LOCATION OF CRASH		DATE CRASH REPORTED TO POLICE					
	PERSON(S) INVOLVED (DRIVER OF VEHICLE)		YOUR CLAIM, POLICY OR FILE NUMBER (OPTIONAL)					
	PERSON(S) INVOLVED (DRIVER OF VEHICLE, PEDESTRIAN, ETC.)							
	DISTRICT CONTROL NUMBER		COPIES OF					
			FEE		NO.		APPLICANT'S FEE	
	<input type="checkbox"/> CRASH REPORT		\$25.00 EACH				\$	
	<b>FEE NOT REFUNDABLE</b>		<b>MAIL THIS PORTION WITH APPROPRIATE FEE</b>				TOTAL \$	
PLEASE SEND A SELF-ADDRESSED, STAMPED ENVELOPE.								
<p>IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM CONTACT THE ADA COORDINATOR AT 215-686-2266.</p> 								

82-23 Int. (Rev. 5/2024)

CITY OF PHILADELPHIA • DEPARTMENT OF RECORDS

FACT SHEET ABOUT REQUESTS FOR AUTOMOBILE CRASH 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 the application is accurate. Information should include the following: date of crash, name of driver(s), location, DC Number, affidavit and photo ID. Driver's name must be on report to receive a copy. The district control number and the Philadelphia Code can be obtained by calling the police district where crash occurred. Look up the police district at [districts.phillypolice.com](http://districts.phillypolice.com) Affidavit on-line at [www.phila.gov/records](http://www.phila.gov/records). Get a copy of a Public Safety Report. **Insufficient or vague information may result in an inaccurate or no report response.**

All Inquires are made and mail is sent to:

Department of Records  
 Crash Reports  
 Room 170, City Hall  
 Philadelphia, PA 19107  
 (215) 686-2266

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

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

**FEE NOT REFUNDABLE**

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

*THANK YOU FOR APPLYING BY MAIL*

CITY OF PHILADELPHIA

RECORDS DEPARTMENT

**CRASH REPORTS**

**Affidavit for Insurance Company, Agent for Insurance Company, Agent, Lawyer**

Date of Request \_\_\_\_\_ District Control Number of Report Requested \_\_\_\_\_

I swear and subscribe that I \_\_\_\_\_

Am an individual involved in a crash for which a police report was filed

Parent  Guardian (Explain Relationship) \_\_\_\_\_

Power of Attorney  Other (Explain Relationship) \_\_\_\_\_

Am an authorized agent for an individual (s) who was / were a party to the crash

Am an authorized staff person of an insurance company representing an insured party to a crash

Name of Contact Person \_\_\_\_\_

Am an authorized agent from a company that works for an insurance company representing an insured party to a crash

Name of Contact Person \_\_\_\_\_

Am an attorney representing a client who was a party to the crash

Name of Contact Person \_\_\_\_\_

**I understand that only certain individuals are entitled to a copy of a crash report  
This boxed MUST be checked**

**Government Issued Photo ID is required for all of the above**

The following information must be typed or printed:

District Control Number of Report Copy Requested

Name of Individual, Insurance Company, Agent for Insurance Company, Agent, Attorney

Insurance Company NAIC number

Attorney Bar ID #

Address

Telephone Number

Name of Individual involved in the crash or Client, Insured

Address of Individual involved in the crash or Client, Insured

Signature of  Individual  Insurance Company  Agent for Individual  Agent for Insurance Company  Attorney

Date

Under penalties of law or ordinance, and 18 PA C.S. Sec. 4120, and 18 PA C.S. Sec. 4904, I declare that the information on this form and on accompanying documentation is accurate and complete