



# APPLICATION TO OBTAIN COPY OF POLICE CRASH REPORT

**DALLAS TOWNSHIP POLICE DEPARTMENT**  
2919 SR 309 HWY, DALLAS, PA 18612  
(570) 674-2003

FOR POLICE USE ONLY (LEAVE BLANK)
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**PLEASE DO NOT SUBMIT THIS APPLICATION UNTIL 15 DAYS HAVE ELAPSED SINCE THE DATE OF THE CRASH.**

THIS CRASH, WHICH YOU WERE INVOLVED IN, HAS BEEN REPORTED TO THE DALLAS TOWNSHIP POLICE DEPARTMENT 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 DALLAS TOWNSHIP POLICE DEPARTMENT ARE AVAILABLE TO PERSONS AUTHORIZED BY SECTION 3751(B) OF THE PENNSYLVANIA VEHICLE CODE, WHO MAY OBTAIN A COPY OF THE POLICE CRASH REPORT, 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 \$15.00. THE CHECK OR MONEY ORDER SHALL BE MADE PAYABLE TO THE DALLAS TOWNSHIP POLICE DEPARTMENT.**

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

DATE OF CRASH	TIME OF CRASH	INCIDENT NUMBER	
COUNTY		MUNICIPALITY	
ROUTE #	LOCATION	ROUTE SIGNING	

**REASON FOR REQUEST:**

DIRECTLY INVOLVED IN CRASH	YOUR INVOLVEMENT (E.G. DRIVER, OWNER, ETC.)
ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH	CLIENT'S NAME
GOVERNMENT AGENCY OR OFFICIAL	AGENCY AND TITLE
OTHER (EXPLAIN):	

**REQUESTOR:**

NAME	PHONE #		
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE			

**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)

**ENCLOSE CHECK WITH APPLICATION:**

PAYABLE TO: <b>DALLAS TOWNSHIP POLICE DEPARTMENT</b>	IN THE AMOUNT OF: <b>\$15.00</b>		
MAIL TO: <b>DALLAS TOWNSHIP POLICE DEPARTMENT</b>			
ADDRESS: <b>105 LT. MICHAEL CLEARY DRIVE</b>	CITY: <b>DALLAS</b>	STATE: <b>PA</b>	ZIP CODE: <b>18612</b>

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

NAME	REQUEST COPY VIA EMAIL (IN LIEU OF MAILING) COPY WILL BE PROVIDED IN AN ADOBE FORMAT * NOT AVAILABLE FOR CRASHES PRIOR TO 1/2004		
ADDRESS			
CITY	STATE	ZIP CODE	LEGIBLY ENTER YOUR EMAIL ADDRESS