

WYOMING AREA REGIONAL POLICE DEPARTMENT
APPLICATION TO OBTAIN COPY OF POLICE REPORT

Type or print all information. Forms which are not legible or properly completed will be returned unprocessed to requester.

Type of Report Requested: ☐ Accident ☐ Crime (incident)

Date of Request: _____ Time of Accident/ Incident: _____

Date of Accident _____ Location of Accident / Incident: _____

Authorized signature required. Persons authorized by the vehicle code Section 375 1(b), include any person involved in this accident, their attorney or insurer, the Federal Government, branches of the military service, Commonwealth agencies, Officials of political subdivision, and agencies of other states, nations and their political subdivisions.

LIST ALL PERSONS INVOLVED IN ACCIDENT/ INCIDENT (drivers, pedestrians, etc.)

Reason for request: (check appropriate block)

☐ Involved in accident (driver, occupant, pedestrian or property owner)

☐ Attorney or insurer for person involved in accident

☐ Government agency or official

Report Requested By: _____ (Print Name) _____ (Signature)

Address: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Incident number (if available): _____

☐ Will pick up ☐ Mail ☐ Fax

Check list: Did you enter the/your full name, complete mailing address with zip code, and phone number including area code? Did you include a check in the amount of \$15.00 payable to Wyoming Area Regional Police (Do not send cash)

Mail or deliver completed application and payment to: Wyoming Area Regional Police Dept,
475 Wyoming Avenue, Wyoming PA 18644.

DO NOT SUBMIT THIS REQUEST UNTIL **15 DAYS HAVE ELAPSED** SINCE THE DATE OF ACCIDENT/INCIDENT TO ENSURE THE REPORT HAS BEEN COMPLETED AND PROCESSED. YOU MUST SUBMIT THIS APPLICATION AND PAYMENT TO OBTAIN A REPORT. **NOTE:** OFFICE PERSONELL HAVE NO ACCESS TO POLICE RECORDS AND CANNOT PROVIDE REPORTS AT THE TIME THE APPLICATION IS FILED.