

CITY OF PHILADELPHIA
RECORDS DEPARTMENT
TRAFFIC ACCIDENT 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 an accident for which a police report was filed
- Parent or Guardian Power of Attorney
- Other (Please explain) _____

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

Am an authorized staff person of an insurance company representing an insured party to an accident
Name of Contact Person _____

Am an authorized agent from a company that works for an insurance company representing an insured party to an accident
Name of Contact Person _____

Am an attorney representing a client who was a party to the accident
Name of Contact Person _____

I understand that only certain individuals are entitled to a copy of a traffic accident 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 accident or Client, Insured	
Address of Individual involved in the accident or Client, Insured	
Signature of <input type="checkbox"/> Individual <input type="checkbox"/> Insurance Company <input type="checkbox"/> Agent for Individual <input type="checkbox"/> Agent for Insurance Company <input type="checkbox"/> 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