

CITY OF PHILADELPHIA
RECORDS DEPARTMENT
TRAFFIC ACCIDENT REPORT

**STATEMENT FROM REQUESTORS NOT POSSESSING AN ACCEPTABLE
GOVERNMENT ISSUED PHOTO ID**

**THIS FORM MAY NOT BE USED BY AN ATTORNEY, REPRESENTATIVE OF AN INSURANCE COMPANY,
OR REPRESENTATIVE OF ITS AGENCY.
FOR THOSE APPLICANTS A GOVERNMENT ISSUED PHOTO ID IS REQUIRED.**

I declare that I do not have a government issued photo ID and that I am presenting the attached two documents, including my name and current address, as proof of identification in order to process my application for a copy of a traffic accident report. Acceptable documents are a utility bill, car registration, pay stub, bank statement, copy of income tax return/W-2 form, or lease / rental agreement. If your mailing address is a P.O. Box, one of the documents submitted must reflect that you have used the P.O. Box for at least two months. Please submit photocopies of the documents as they will not be returned to you.

By my signature below, I state that I am the person whom I represent myself to be herein and I affirm the information within this form is complete and accurate and made subject to the penalties of 18 PA C.S. Section 4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 PA C.S. Section 4120 or other sections of the Pennsylvania Criminal Code.

Signature of Applicant _____ Date of Signature _____

Please PRINT the following information:

Name of Applicant		
Residence Address		
City	State	Zip
Telephone Number		

FOR OFFICE USE ONLY		
<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Auto Registration	<input type="checkbox"/> Pay Stub
<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Copy of Income Tax Return/W-2 Form	<input type="checkbox"/> Lease/Rental Agreement