

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