	CITY OF PHILADELPHIA . DEPARTMENT OF RECORDS APPLICATION FOR TRAFFIC ACCIDENT REPORT OR PHOTOGRAPH				DATE OF APPLICATION (PLEASE ALLOW 2 TO 3 WEEKS FROM DATE OF ACCIDENT)		
	NAME OF APPLICANT			TELEPHONE NUMBER OF APPLICANT			
	ADDRESS CITY	STATE ZIP CODE		DATE OF ACCIDENT			
Ĭ.	LOCATION OF ACCIDENT			DATE ACCIDENT REPORTED TO POLICE YOUR CLAIM, POLICY OR FILE NUMBER (OPTIONAL)			
	PERSON(S) INVOLVED (DRIVER OF VEHICLE)						
	PERSON(S) INVOLVED (DRIVER OF VEHICLE, PEDESTRIAN, ETC.)						
RESERVED	DISTRICT CONTROL NUMBER	PHILADELPHIA CODE		ACCIDENT INVESTIGATION DIVISION NUMBER			
	COPIES OF			FEE	NO.	APPLICANT'S FEE	
THIS SPACE	☐ TRAFFIC ACCIDENT REPORT \$		\$25.	00 EACH	•	\$	
	PHOTOGRAPHS AVAILABLE FOR SUBJECT ACCIDENT			00 ST PRINT		\$	
				0 EACH I'L PRINT		\$	
	FEE NOT REFUNDABLE	MAIL <u>THIS</u> PORTION WITH A	PPRO	OPRIATE .	FEE	TOTAL \$	
	PLEASE SEND A SELF-ADDRESSED, STAMPED ENVELOPE.						
IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM							

AND/OR TO PARTICIPATE IN A PROGRAM OR SERVICE, CONTACT THE ADA COORDINATOR AT 686-2266.



82-23 (Rev. 6/15)

CITY OF PHILADELPHIA . DEPARTMENT OF RECORDS FACT SHEET ABOUT REQUESTS FOR AUTOMOBILE ACCIDENT REPORTS

PLEASE RETAIN BOTTOM PORTION OF FORM FOR YOUR FILES, NOTE THE DATE YOU MAILED YOUR REQUESTS, DIS-TRICT CONTROL NUMBER, PHILADELPHIA CODE AND ANY OTHER INFORMATION THAT MAY BE PERTINENT TO YOU.

DISTRICT CONTROL NO./PHILA. CODE

NAME(S) OF DRIVERS/FILE NO.

DATE MAILED

It is essential that the information provided on the application is accurate. Information should include the following: date of accident, name of driver(s), location, DC Number, affidavit and photo ID. Driver's name must be on report to receive a copy. The district control number and the Philadelphia Code can be obtained by calling the police district where accident occurred. Affidavit on-line at www. phila.gov/records. Select Police/Fire Reports Unit. Insufficient or vague information may result in a negative response.

> All Inquires are made and mail is sent to: Department of Records Traffic Accident Reports Room 168, City Hall

Philadelphia, PA 19107

(215) 686-2266

TO EXPEDITE SERVICE, PLEASE SEND A SELF-ADDRESSED, STAMPED ENVELOPE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO "CITY OF PHILADELPHIA"

FEE NOT REFUNDABLE

PLEASE ALLOW 2 TO 3 WEEKS FROM DATE OF ACCIDENT BEFORE APPLYING FOR COPIES.

THANK YOU FOR APPLYING BY MAIL

City of Philadelphia **District Boundaries**

