	CITY OF PHILADELPHIA DEPARTI APPLICATION FOR TRA REPORT OR PHO				PLEASE ALLOW 2 TO 3 OF ACCIDENT)	
	NAME OF APPLICANT		TELEPHONE	TELEPHONE NUMBER OF APPLICANT		
NOI	ADDRESS	CITY STATE ZIP CODA		DATE OF ACCIDENT		
	LOCATION OF ACCIDENT		DATE ACCIE	DATE ACCIDENT REPORTED TO POLICE		
/ALIDA)	PERSON(S) INVOLVED (DRIVER OF VEHICLE)					
SPACE RESERVED FOR VALIDATION	PERSON(S) INVOLVED (DRIVER OF VEHICLE, PEDESTRIAN, ETC.)			YOUR CLAIM, POLICY OR FILE NUMBER (OPTIONAL)		
IESERVE	DISTRICT CONTROL NUMBER	PHILADELPHIA CODE	ACCIDENT	ACCIDENT INVESTIGATION DIVISION NUMBER		
CE H	COPIES OF		FEE	NO.	APPLICANT'S FEE	
	☐ TRAFFIC ACCIDENT REPORT		\$25.00 EACH		\$	
THIS	☐ PHOTOGRAPHS AVAILABLE FOR SUBJECT ACCIDENT   F		\$27.00 FIRST PRINT		\$	
			\$9.00 EACH ADD'L PRINT		\$	
	FEE NOT REFUNDABLE	MAIL <u>THIS</u> PORTION WITH AP	PROPRIATE	ROPRIATE FEE TOTAL \$		
	PLEASE SEND A SELF-ADDRESSED, STAMPED ENVELOPE.				, , , , , , , , , , , , , , , , , , ,	
IF YOU	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\_Int (Rev. 12/11)

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, DISTRICT 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 this application is accurate. Information should include the following: Date of accident, name of driver(s), location of accident, district control number and the Philadelphia Code can be obtained by calling the police district where accident occurred. **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

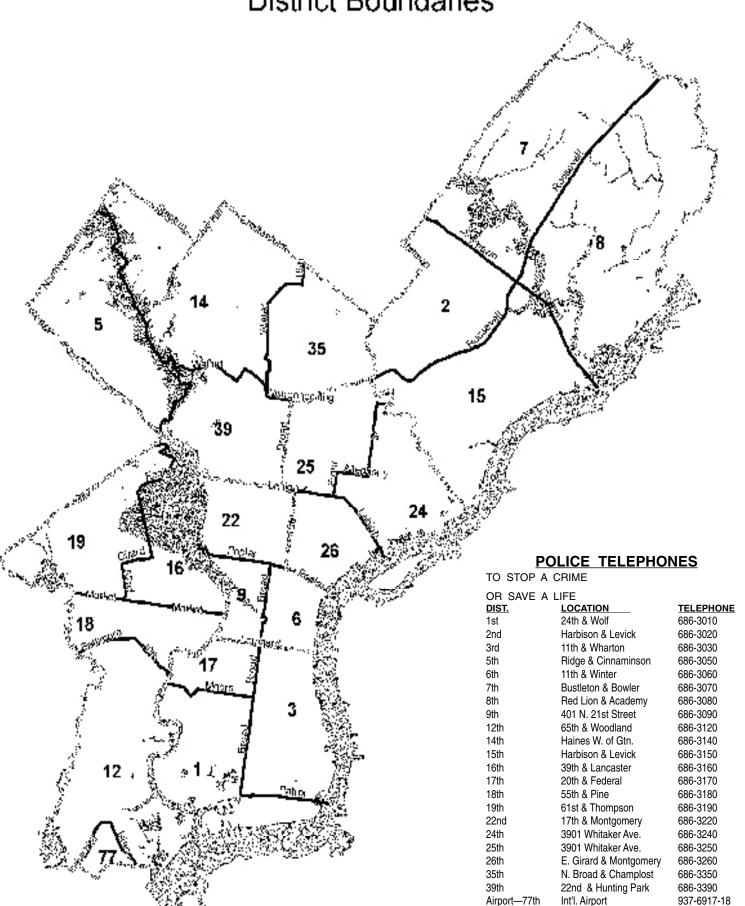
TO EXPEDITE SERVICE, PLEASE SEND A SELF-ADDRESSED, STAMPED ENVELOPE.

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.

## City of Philadelphia District Boundaries



Acc. Inv. Div.

Highway

2531 W. Master St.

685-3181

686-3103