

APPLICATION TO OBTAIN COPY OF POLICE CRASH REPORT

AMITY TOWNSHIP
2004 WEAVERTOWN RD, DOUGLASSVILLE, PA 19518
(610) 689-6002

PLEASE DO NOT SUBMIT THIS APPLICATION UNTIL 15 DAYS HAVE ELAPSED SINCE THE DATE OF THE CRASH
THIS CRASH, WHICH YOU WERE INVOLVED IN, WILL BE INVESTIGATED IN ACCORDANCE WITH SECTION 3746(C) OF THE PENNSYLVANIA VEHICLE CODE BY THE AMITY TOWNSHIP POLICE DEPARTMENT.

PERSONS AUTHORIZED BY SECTION 3751(B) OF THE PENNSYLVANIA VEHICLE CODE, WHO MAY OBTAIN A COPY OF THE POLICE CRASH REPORT, INCLUDE ANY PERSON INVOLVED IN THE CRASH, THEIR ATTORNEY, INSURER, THE FEDERAL GOVERNMENT, BRANCHES OF THE MILITARY SERVICE, COMMONWEALTH AGENCIES, OFFICIALS OF POLITICAL SUBDIVISIONS, OR AGENCIES OF OTHER STATES AND NATIONS AND THEIR POLITICAL SUBDIVISIONS.

THE POLICE CRASH REPORT MAY BE VIEWED OR PHOTOGRAPHED (WITH PERSONAL EQUIPMENT) BY ANY PERSON INVOLVED (NOT WITNESSES), THEIR ATTORNEY, INSURER, AND CERTAIN GOVERNMENT OFFICIALS ONLY AT THE POLICE AGENCY LISTED ABOVE.

DATE OF CRASH	TIME OF CRASH	INCIDENT NUMBER
COUNTY BERKS	MUNICIPALITY AMITY TOWNSHIP	
ROUTE #	LOCATION	ROUTE SIGNING

REASON FOR REQUEST:

Dir DIRECTLY INVOLVED IN CRASH	YOUR INVOLVEMENT (E.G. DRIVER, OWNER, ETC.)
Att ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH	CLIENT'S NAME
Go GOVERNMENT AGENCY OR OFFICIAL	AGENCY AND TITLE
Ot OTHER (EXPLAIN):	

REQUESTOR:

NAME	PHONE #
ADDRESS	CITY STATE ZIP CODE
SIGNATURE	

OTHERS INVOLVED IN CRASH (E.G. DRIVERS, OWNERS, PEDESTRIANS, PROPERTY OWNERS, ETC.):

NAME	NAME
INVOLVEMENT (ADDRESS IF PROPERTY OWNER)	INVOLVEMENT (ADDRESS IF PROPERTY OWNER)

ENCLOSE CHECK WITH APPLICATION:

PAYABLE TO: AMITY TOWNSHIP POLICE DEPARTMENT	IN THE AMOUNT OF: \$15		
MAIL TO: AMITY TOWNSHIP POLICE DEPARTMENT			
ADDRESS: 2004 WEAVERTOWN ROAD	CITY: DOUGLASSVILLE	STATE: PA	ZIP CODE: 19518