APPLICATION TO OBTAIN COPY OF **POLICE CRASH REPORT**

Central Berks Regional Police Department 2147 Perkiomen Avenue Reading, PA 19606 610-779-1100

Email address

For Police Use Only (Leave blank)	

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 POLICE AGENCY LISTED ABOVE.

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 DOLLCE CHASH DEDORT MAY BE VIEWED OR RUGTOCHARDED (WITH DERCONAL FOLLIDATION) BY ANY DEDOM INVOLVED (NOT

ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH GOVERNMENT AGENCY OR OFFICIAL OTHER (EXPLAIN) REQUESTOR: Name Phone # Address Signature OTHERS INVOLVED IN THE CRASH (E.G., DRIVERS, OWNERS, PEDESTRIANS, PROPERTY OWNERS, AND E Name Involvement / Address ENCLOSE CHECK WITH APPLICATION: Payable To: Central Berks Regional Police Department In the amount of \$15 Mail To: 2147 Perkiomen Avenue, Reading, PA 19606	Date of Crash	Time of Crash	Incident Number (starts with 23)
REASON FOR REQUEST DIRECTLY INVOLVED IN CRASH ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH GOVERNMENT AGENCY OR OFFICIAL OTHER (EXPLAIN) REQUESTOR: Name Phone # Address Signature OTHERS INVOLVED IN THE CRASH (E.G., DRIVERS, OWNERS, PEDESTRIANS, PROPERTY OWNERS, AND E Name Involvement / Address ENCLOSE CHECK WITH APPLICATION: Payable To: Central Berks Regional Police Department Mail To: 2147 Perkiomen Avenue, Reading, PA 19606 ENTER YOUR COMPLETE NAME, MAILING ADDRESS AND EMAIL ADDRESS WHERE COPY IS TO BE SENT:	County:		Municipality:
DIRECTLY INVOLVED IN CRASH ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH GOVERNMENT AGENCY OR OFFICIAL OTHER (EXPLAIN) REQUESTOR: Name Address Signature OTHERS INVOLVED IN THE CRASH (E.G., DRIVERS, OWNERS, PEDESTRIANS, PROPERTY OWNERS, AND EN Mame Involvement / Address ENCLOSE CHECK WITH APPLICATION: Payable To: Central Berks Regional Police Department Mail To: 2147 Perkiomen Avenue, Reading, PA 19606 ENTER YOUR COMPLETE NAME, MAILING ADDRESS AND EMAIL ADDRESS WHERE COPY IS TO BE SENT:	Location of Accident:		
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GOVERNMENT AGENCY OR OFFICIAL OTHER (EXPLAIN) REQUESTOR: Name Address Signature OTHERS INVOLVED IN THE CRASH (E.G., DRIVERS, OWNERS, PEDESTRIANS, PROPERTY OWNERS, AND EN Involvement / Address ENCLOSE CHECK WITH APPLICATION: Payable To: Central Berks Regional Police Department In the amount of \$15 Mail To: 2147 Perkiomen Avenue, Reading, PA 19606 ENTER YOUR COMPLETE NAME, MAILING ADDRESS AND EMAIL ADDRESS WHERE COPY IS TO BE SENT:	DIRECTLY INVOLVED IN CRASH		Your Involvement (E.G. driver, owner, etc.)
OTHER (EXPLAIN) REQUESTOR: Name Phone # Address Signature OTHERS INVOLVED IN THE CRASH (E.G., DRIVERS, OWNERS, PEDESTRIANS, PROPERTY OWNERS, AND E Name Name Involvement / Address ENCLOSE CHECK WITH APPLICATION: Payable To: Central Berks Regional Police Department In the amount of \$15 Mail To: 2147 Perkiomen Avenue, Reading, PA 19606 ENTER YOUR COMPLETE NAME, MAILING ADDRESS AND EMAIL ADDRESS WHERE COPY IS TO BE SENT:	ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH		Client's Name:
REQUESTOR: Name Address Signature OTHERS INVOLVED IN THE CRASH (E.G DRIVERS, OWNERS, PEDESTRIANS, PROPERTY OWNERS, AND E Name Involvement / Address ENCLOSE CHECK WITH APPLICATION: Payable To: Central Berks Regional Police Department Mail To: 2147 Perkiomen Avenue, Reading, PA 19606 ENTER YOUR COMPLETE NAME, MAILING ADDRESS AND EMAIL ADDRESS WHERE COPY IS TO BE SENT:	GOVERNMENT AGENCY OR OFFICIAL		Agency and Title:
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ENTER YOUR COMPLETE NAME, MAILING ADDRESS AND EMAIL ADDRESS WHERE COPY IS TO BE SENT:	Payable To: Central Berks Re	egional Police Dep	partment In the amount of \$1
	Mail To: 2147 Perkiomen Av	venue, Reading, PA	A 19606
	ENTER YOUR COMPLETE NAM		
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Address	Address		