

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

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

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 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 (starts with 23)
County:		Municipality:
Location of Accident:		

REASON FOR REQUEST

DIRECTLY INVOLVED IN CRASH	Your Involvement (E.G. driver, owner, etc.)
ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH	Client's Name:
GOVERNMENT AGENCY OR OFFICIAL	Agency and Title:
OTHER (EXPLAIN)	

REQUESTOR:

Name	Phone #
Address	
Signature	

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

Name	Name
Involvement / Address	Involvement / Address

ENCLOSE CHECK WITH APPLICATION:

Payable To: Central Berks Regional Police Department	In the amount of \$15.00
Mail To: 2147 Perkiomen Avenue, Reading, PA 19606	

ENTER YOUR COMPLETE NAME, MAILING ADDRESS AND EMAIL ADDRESS WHERE COPY IS TO BE SENT:

PLEASE WRITE LEGIBLY

Name
Address
Email address