



# City of Johnstown

DEPARTMENT OF POLICE



401 Washington Street  
Johnstown, PA 15901  
814-533-2075 / Fax: 814-535-6842

## POLICE REPORT REQUEST FORM

Accident Reports Fee..... \$15.00 Please make check payable to "City of Johnstown"  
Incident Reports Fee..... .25 per page (Fees will be calculated based on number of pages in the report)

**Include a copy of your Photo ID and your Check or Money Order.**

Please complete all four sections below and sign. **ONLY one report per request form.** Please provide as much information as possible. This form may be delivered in person or mailed to the Chief of Police, 401 Washington Street, Johnstown, PA 15901. **Please include a self-addressed stamped envelope to ensure prompt delivery.**

(Type or print **legibly**)

1. First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street Number) (Street Name) (City) (State) (Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_  
 (Print Legibly)

2. Check Applicable type of Report: \_\_\_\_\_ TRAFFIC/VEHICLE ACCIDENT \_\_\_\_\_ CRIME REPORT

DATE OF INCIDENT \_\_\_\_\_ INCIDENT REPORT #: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

OTHER PARTY INVOLVED: \_\_\_\_\_

3. I certify that I am:  
 Named in the report: \_\_\_\_\_ (Check on this line to certify that you are named in the requested report.)  
 An Insurance Agent: \_\_\_\_\_  
 (Name of Company)  
 A Government Agency: \_\_\_\_\_  
 (Name of Agency)

4. Please provide in complete detail your reason for requesting a copy of this report:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_ Approved for Report Date: \_\_\_\_\_

\_\_\_\_\_  
 (Authorized Signature)

\_\_\_\_ Approved for Cover Page Date: \_\_\_\_\_

\_\_\_\_\_  
 (Authorized Signature)