



City of Johnstown

DEPARTMENT OF POLICE



401 Washington Street
Johnstown, PA 15901
814-539-0889

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)