City of Johnstown

DEPARTMENT OF POLICE

401 Washington Street
Johnstown, PA 15901
814-539-0889 / Records Fax: 814-535-7874

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)