

Snyder County Sheriff's Office

Application to Obtain Copy of Crash Report



NOTICE

PERSONS AUTHORIZED BY SECTION 3751(b) OF THE PENNSYLVANIA VEHICLE CODE 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.

TO AVOID DELAYS, PLEASE FILL THIS FORM OUT IN ITS ENTIRETY. DO NOT SUBMIT THIS FORM UNTIL 20 DAYS HAVE ELAPSED FROM THE DATE OF THE CRASH.

APPLICATION

DATE OF REQUEST	SNYDER COUNTY	SHERIFF'S OFFICE INCI	DENT NUMBER		DATE OF C	RASH	
REASON FOR REQUEST INVOLVED IN CRASH (driver, occupant, pedestrian, or property owner) ATTORNEY OR INSURER FOR PERSON INVOLVED IN CRASH							
☐ GOVERNMENT AGENCY OR OFFICIAL☐ OTHER:							
NAME OF REQUESTOR			TELEPHONE NUMBER				
ADDRESS			FILE, CLAIM, OR REFERENCE NUMBER (IF APPLICABLE)				
CITY	STATE	ZIP CODE	SIGNATURE OF REC	QUESTOR			
LIST ALL PERSONS INVOLVED IN THE CRASH (DRIVERS, OWNERS, PEDESTRIANS, ETC.)							
NAME			NAME				
ADDRESS			ADDRESS				
CITY	STATE	ZIP CODE	CITY			STATE	ZIP CODE
INVOLVEMENT	1	•	INVOLVEMENT				
CHECKLIST: UPON COMPLETION, MAIL OR PERSONALLY DELIVER APP						PPLICATION TO:	
HAVE YOU ENTERED THE COMPLETE INCIDENT NUMBER AND THE DATE OF THE CRASH?			OFFICE OF THE SHERIFF COUNTY OF SNYDER ATTN: CRASH REPORTS				
HAVE YOU ENCLOSED A CHECK OR MONEY ORDER MADE PAYABLE TO THE SNYDER COUNTY SHERIFF IN THE AMOUNT OF \$15.00?			12 SOUTH MAIN STREET MIDDLEBURG, PA 17842				
ENTER THE COMPLETE NAME AND ADDRESS WHERE THE COPY OF THE CRASH REPORT IS TO BE MAILED: CHECK HERE IF YOU WISH TO RECEIVE THE REPORT VIA EMAIL INSTEAD OF MAIL							
N	NAME						
A	ADDRESS						
С	ITY		STATE	ZIP CODE			
E	EMAIL ADDRESS						