



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 INCIDENT NUMBER	DATE OF CRASH
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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 REQUESTOR		

LIST ALL PERSONS INVOLVED IN THE CRASH (DRIVERS, OWNERS, PEDESTRIANS, ETC.)

NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
INVOLVEMENT			INVOLVEMENT		

CHECKLIST:

HAVE YOU ENTERED THE COMPLETE INCIDENT NUMBER AND THE DATE OF THE CRASH?

HAVE YOU ENCLOSED A CHECK OR MONEY ORDER MADE PAYABLE TO THE SNYDER COUNTY SHERIFF IN THE AMOUNT OF \$15.00?

UPON COMPLETION, MAIL OR PERSONALLY DELIVER APPLICATION TO:

**SNYDER COUNTY SHERIFF'S OFFICE
ATTN: CRASH REPORTS
9 WEST MARKET STREET
PO BOX 217
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

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS		