



Request for Arkansas State Police Crash Report by Individuals *NOT* Involved in the Crash
PLEASE PRINT LEGIBLY OR TYPE – FILL OUT FORM WITH AS MUCH INFORMATION AS POSSIBLE

Today's Date: _____

Name of individual making the request: _____

Telephone number where you can be contacted: _____

If applicable, identify the agency or company you represent & give your tax ID Number:

Agency: _____ Tax ID # _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

If you prefer, your crash report can be returned to you via e-mail or fax by completing **ONE** of the following (*please note- If you have a HOTMAIL e-mail account, their server will NOT accept our reports.*):

E-mail address: _____ Fax #: _____

REPORTS REQUESTED

Report Number(s): _____

Insurance Claim Number: _____

If the report number is unknown, please complete the following:

Crash Date	Crash Time	Identify Highway or Street Location	County
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Name of an individual known to be involved in the crash: _____			D.O.B. _____
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Any other identifying information: _____			
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A statutory fee of \$25 per crash report will be collected from anyone who was **NOT** involved in the crash and is requesting to purchase a copy of the report. Amount Due: _____ Check #: _____

Make checks or money orders payable to the *Arkansas State Police*
Mail checks, money orders, & required documents to the following address:
Arkansas State Police-Crash Records Section
One State Police Plaza Drive, Little Rock, AR 72209