


THIS SPACE RESERVED FOR VALIDATION		CITY OF PHILADELPHIA • DEPARTMENT OF RECORDS <b>APPLICATION FOR TRAFFIC ACCIDENT REPORT</b>		DATE OF APPLICATION (PLEASE ALLOW 2 TO 3 WEEKS FROM DATE OF ACCIDENT)		
		NAME OF APPLICANT		TELEPHONE NUMBER OF APPLICANT		
		ADDRESS <small>CITY STATE ZIP CODE</small>		DATE OF ACCIDENT		
		LOCATION OF ACCIDENT		DATE ACCIDENT REPORTED TO POLICE		
		PERSON(S) INVOLVED <small>(DRIVER OF VEHICLE)</small>		YOUR CLAIM, POLICY OR FILE NUMBER <small>(OPTIONAL)</small>		
		PERSON(S) INVOLVED <small>(DRIVER OF VEHICLE, PEDESTRIAN, ETC.)</small>				
		DISTRICT CONTROL NUMBER				
		COPIES OF		FEE	NO.	APPLICANT'S FEE
		<input type="checkbox"/> TRAFFIC ACCIDENT REPORT		\$25.00 EACH		\$
		<b>FEE NOT REFUNDABLE</b>	<b>MAIL <u>THIS</u> PORTION WITH APPROPRIATE FEE</b>		TOTAL \$	
PLEASE SEND A SELF-ADDRESSED, STAMPED ENVELOPE.						
<p>IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM CONTACT THE ADA COORDINATOR AT 686-2266.</p> 						

82-23 Int. (Rev. 4/2021)

CITY OF PHILADELPHIA • DEPARTMENT OF RECORDS  
**FACT SHEET ABOUT REQUESTS FOR AUTOMOBILE ACCIDENT REPORTS**

PLEASE RETAIN BOTTOM PORTION OF FORM FOR YOUR FILES. NOTE THE DATE YOU MAILED YOUR REQUESTS, DISTRICT CONTROL NUMBER, PHILADELPHIA CODE AND ANY OTHER INFORMATION THAT MAY BE PERTINENT TO YOU.

DISTRICT CONTROL NO. / PHILA. CODE \_\_\_\_\_ NAME(S) OF DRIVERS / FILE NO. \_\_\_\_\_ DATE MAILED \_\_\_\_\_

It is essential that the information provided on the application is accurate. Information should include the following: date of accident, name of driver(s), location, DC Number, affidavit and photo ID. Driver's name must be on report to receive a copy. The district control number and the Philadelphia Code can be obtained by calling the police district where accident occurred. Affidavit on-line at [www.phila.gov/records](http://www.phila.gov/records). Select Police/Fire Reports Unit. **Insufficient or vague information may result in an inaccurate or no report response.**

All Inquires are made and mail is sent to:

Department of Records  
Traffic Accident Reports  
Room 170, City Hall  
Philadelphia, PA 19107  
(215) 686-2266

TO EXPEDITE SERVICE, PLEASE SEND A SELF-ADDRESSED, STAMPED ENVELOPE.  
**MAKE BUSINESS CHECKS OR MONEY ORDERS PAYABLE TO "CITY OF PHILADELPHIA"**

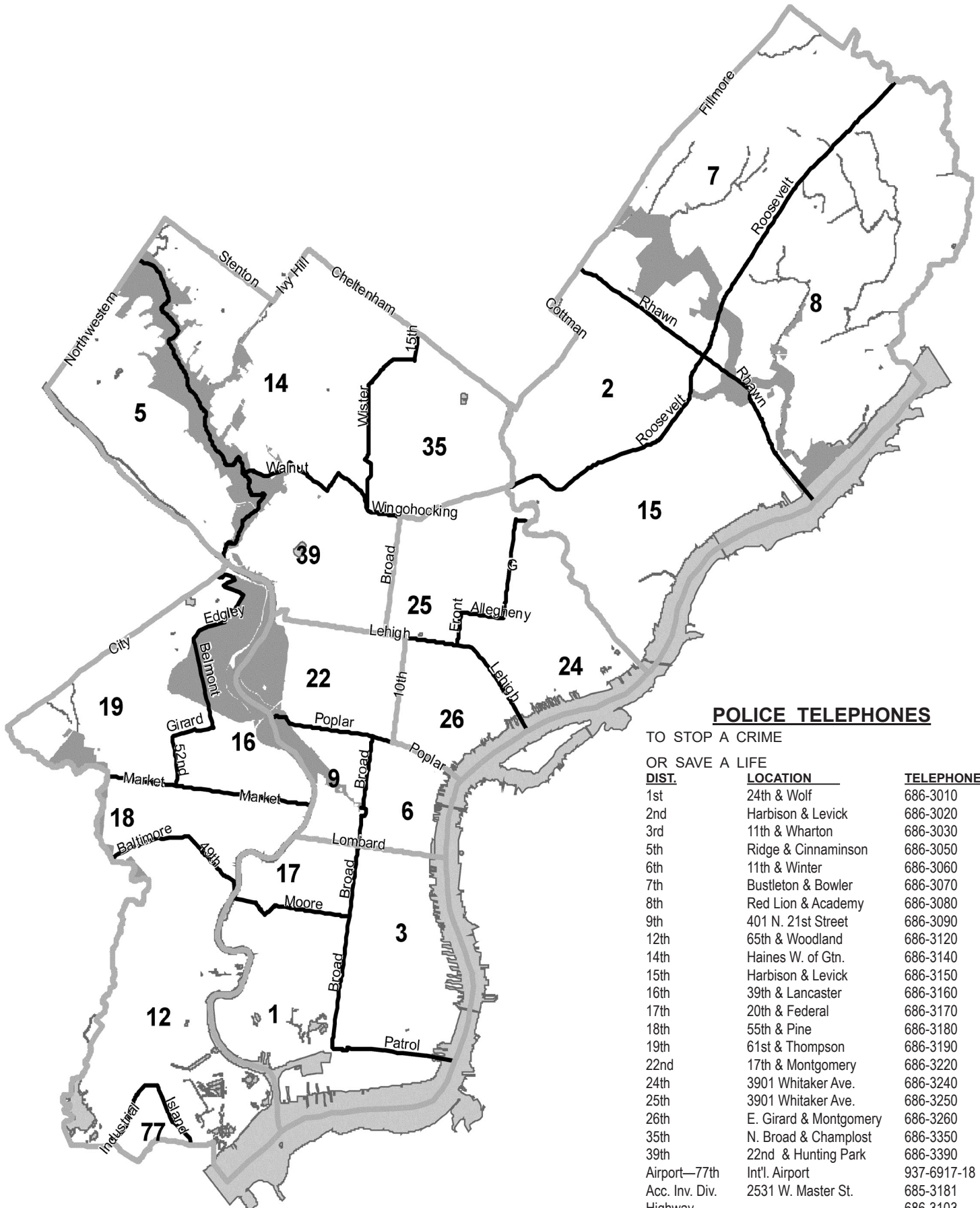
**FEE NOT REFUNDABLE**

PLEASE ALLOW 2 TO 3 WEEKS FROM DATE OF ACCIDENT BEFORE APPLYING FOR COPIES.

**THANK YOU FOR APPLYING BY MAIL**

# City of Philadelphia

## District Boundaries



### POLICE TELEPHONES

TO STOP A CRIME

OR SAVE A LIFE

<u>DIST.</u>	<u>LOCATION</u>	<u>TELEPHONE</u>
1st	24th & Wolf	686-3010
2nd	Harbison & Levick	686-3020
3rd	11th & Wharton	686-3030
5th	Ridge & Cinnaminson	686-3050
6th	11th & Winter	686-3060
7th	Bustleton & Bowler	686-3070
8th	Red Lion & Academy	686-3080
9th	401 N. 21st Street	686-3090
12th	65th & Woodland	686-3120
14th	Haines W. of Gtn.	686-3140
15th	Harbison & Levick	686-3150
16th	39th & Lancaster	686-3160
17th	20th & Federal	686-3170
18th	55th & Pine	686-3180
19th	61st & Thompson	686-3190
22nd	17th & Montgomery	686-3220
24th	3901 Whitaker Ave.	686-3240
25th	3901 Whitaker Ave.	686-3250
26th	E. Girard & Montgomery	686-3260
35th	N. Broad & Champlost	686-3350
39th	22nd & Hunting Park	686-3390
Airport—77th	Int'l. Airport	937-6917-18
Acc. Inv. Div.	2531 W. Master St.	685-3181
Highway		686-3103

## CITY OF PHILADELPHIA

## RECORDS DEPARTMENT

## TRAFFIC ACCIDENT REPORTS

## Affidavit for Insurance Company, Agent for Insurance Company, Agent, Lawyer

Date of Request \_\_\_\_\_ District Control Number of Report Requested \_\_\_\_\_

I swear and subscribe that I \_\_\_\_\_

☐ Am an individual involved in an accident for which a police report was filed☐ Parent ☐ Guardian (Explain Relationship) \_\_\_\_\_☐ Power of Attorney ☐ Other (Explain Relationship) \_\_\_\_\_☐ Am an authorized agent for an individual (s) who was / were a party to the accident☐ Am an authorized staff person of an insurance company representing an insured party to an accident

Name of Contact Person \_\_\_\_\_

☐ Am an authorized agent from a company that works for an insurance company representing an insured party to an accident

Name of Contact Person \_\_\_\_\_

☐ Am an attorney representing a client who was a party to the accident

Name of Contact Person \_\_\_\_\_

☐ I understand that only certain individuals are entitled to a copy of a traffic accident report  
This boxed **MUST** be checked**Government Issued Photo ID is required for all of the above**

The following information must be typed or printed:

District Control Number of Report Copy Requested

Name of Individual, Insurance Company, Agent for Insurance Company, Agent, Attorney

Insurance Company NAIC number

Attorney Bar ID #

Address

Telephone Number

Name of Individual involved in the accident or Client, Insured

Address of Individual involved in the accident or Client, Insured

Signature of ☐ Individual ☐ Insurance Company ☐ Agent for Individual ☐ Agent for Insurance Company ☐ Attorney

Date

Under penalties of law or ordinance, and 18 PA C.S. Sec. 4120, and 18 PA C.S. Sec. 4904, I declare that the information on this form and on accompanying documentation is accurate and complete