

**REQUEST FOR INCIDENT/ACCIDENT REPORT**

**Please fax this form to the Lancaster Police Department at 687-6687. We will return the requested report to you as soon as possible. Reports can be sent by E-Mail or faxed to a toll free number.**

**NAME/COMPANY:** \_\_\_\_\_

**FAX** \_\_\_\_\_  
**(MUST BE LOCAL OR 800 NUMBER)**

**E-MAIL:** \_\_\_\_\_

**REPORT NO.** \_\_\_\_\_

**IF YOU DON'T HAVE THE REPORT NUMBER, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**FOR ACCIDENT REPORT:**

**NAME OF DRIVER** \_\_\_\_\_

**DATE OF CRASH** \_\_\_\_\_

**LOCATION OF CRASH** \_\_\_\_\_

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**FOR INCIDENT REPORT:**

**DATE OF INCIDENT:** \_\_\_\_\_

**LOCATION OF INCIDENT** \_\_\_\_\_

**PERSONS INVOLVED (victim, suspect, reporting person, etc.):**

\_\_\_\_\_

- Unable to locate report with information given**
- Loss location not in our jurisdiction**

**COMMENTS:** \_\_\_\_\_

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