

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 _____

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: _____
