



Johnstown Police Department

401 Washington Street, Johnstown, PA 15901

(814)539-0889

records@cojtn.com



POLICE REPORT REQUEST FORM

Accident Reports Fee..... \$15.00
Incident Reports Fee..... \$50.00

Please complete all four sections below and sign. ONLY one report per request form. Please provide as much information as possible. This form may be delivered in person or mailed to the Chief of Police, 401 Washington Street, Johnstown, PA 15901. Please include a self-addressed stamped envelope to ensure prompt delivery.

(Type or print **legibly**)

1. First Name: _____ Last Name _____
Address: _____
(Street Number) (Street Name) (City) (State) (Zip)
Telephone: (____) _____ Email: _____@_____
(Print Legibly)

2. Check Applicable type of Report: _____ TRAFFIC/VEHICLE ACCIDENT _____ CRIME REPORT
DATE OF INCIDENT _____ INCIDENT REPORT #: _____
LOCATION OF INCIDENT: _____
OTHER PARTY INVOLVED: _____

3. I certify that I am:
Named in the report: _____ (Check on this line to certify that you are named in the requested report.)
An Insurance Agent: _____
(Name of Company)
A Government Agency: _____
(Name of Agency)

4. Please provide in complete detail your reason for requesting a copy of this report:

Signature: _____ Date: _____
Driver's License Number: _____ State: _____

____ Approved for Report Date: _____

(Authorized Signature)

____ Approved for Cover Page Date: _____

(Authorized Signature)