



# Johnstown Police Department

401 Washington Street, Johnstown, PA 15901

(814)539-0889

johnstownpolice@cojtn.com



## POLICE REPORT REQUEST FORM

Accident Reports Fee..... \$15.00 Please make check payable to "City of Johnstown"  
Incident Reports Fee..... .25 per page (Fees will be calculated based on number of pages in the report)  
**Include a copy of your Photo ID and your Check or Money Order.**

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)