



ARIZONA DEPARTMENT OF PUBLIC SAFETY

# REQUEST FOR COPY OF ACCIDENT REPORT

DEPARTMENT RECORDS SECTION  
Mail Drop 3111 P.O. Box 6638

2222 West Encanto Boulevard  
Phoenix, Arizona 85005-6638

**GENERAL INFORMATION** - Please call the Department Records Section at (602) 223-2230 / 2236 for report availability and number of pages each report contains (*see pricing below*).

**PLEASE PROVIDE THE FOLLOWING INFORMATION:** (*Print legibly to expedite processing*)

- Report Only (*\$9 fee for first 9 pages, \$1 for each additional page*)
- 8 X 10 Photo (*\$4 Each*) \_\_\_\_\_ no. of each
- Photo Contact Sheets (*\$10 Each*)
- CD's (if available) (*\$35 Each*)

TODAY'S DATE	REPORT NO. (if known)	DATE OF EVENT	TIME OF EVENT	HIGHWAY NAME	MILEPOST NUMBER
SUBJECT NAME (Last) _____ (First) _____		M.I.	DATE OF BIRTH	INVESTIGATING OFFICER	
REQUESTER'S NAME			COMPANY NAME		
ADDRESS					
CITY			STATE	ZIP	CONTACT PHONE

**SUMMARY OF ARS §28-667**

Arizona Revised Statute §28-667 prohibits examining or receiving copies of accident reports for commercial solicitation. I certify that I am not requesting records for a commercial purpose per ARS §28-667.

**SIGNATURE**

X \_\_\_\_\_

<b>REQUEST COMPLETED / RELEASED</b>				
PAYMENT RECEIVED <input type="checkbox"/> Cash <input type="checkbox"/> Check AMT. PAID \$ _____	<input type="checkbox"/> MAILED <input checked="" type="checkbox"/>	<input type="checkbox"/> PENDING	<input type="checkbox"/> PLACED AT PICK-UP WINDOW	DATE RELEASED  I.D. NO.
_____ (RECEIVED BY SIGNATURE)				