



REQUEST FOR COPY OF ACCIDENT REPORT

DEPARTMENT RECORDS SECTION
Mail Drop 1110 P.O. Box 6638

2102 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 _____

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