

ARIZONA DEPARTMENT OF PUBLIC SAFETY

REQUEST FOR COPY OF ACCIDENT REPORT

DEPARTMENT RECORDS SECTION

Physical Address: 2222 West Encanto Boulevard

Phoenix, Arizona 85009

Mailing Address: P.O. Box 6638, Mail Drop 3111

Phoenix, Arizona 85005-6638

GENERAL INFORMATION

availability and number of pages

Please call the Department

each report contains (see

Business Check Cashier's Check

Forms of payment accepted:

Credit / Debit Cards (In-Person)

Records Section at (602) 223-2230 for report

pricing).

PLEASE PROVIDE THE FOLLOWING INFORMATION:

I am requesting the following: Photo Contact Sheets (\$10 Each) (If available) Printed Photo 8 X 10 (\$4 Each) no. of each Photos on CD / DVD (\$15 each) (if available)						Cash (In-Pers NOT accepted:	Cash (In-Person)	
☐ Rep ☐ Pape ☐ Pape ☐ Cita	ort on CD er Report er Report tion, War) (\$10 up to : via Fax (\$: via U.S. M	epair Order (tes) 20 pa t 9 pa	ges, \$0.10	for each additional	page)	
	REPORT NO. (if known)		DATE OF EVENT	TIME OF EVENT		HIGHWAY NAME	MILEPOST NUMBER	
SUBJECT NAME (Last) (First)				M.I.	DATE OF BIRTH	INVESTIGATING TROO	PER	
REQUESTER'S NAME COMPANY NAME ADDRESS								
CITY				STATI	E ZIP	CONTACT PHONE		
FAX NUMBER		EMAIL A	DDRESS		1			
	ed Statute §	§28-667 prohi				f accident reports for co ose per ARS §28-667.	mmercial	
Debit/Cred	Check	RE MAILED X		AT PICI	D / RELEAS C-UP WINDO		DPS USE ONLY* BADGE DATE RELEASED	
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