Request for Arkansas State Police Crash Report by Individuals Involved in the Crash

PLEASE PRINT LEGIBLY OR TYPE – FILL OUT FORM WITH AS MUCH INFORMATION AS POSSIBLE

Today's Date: _____

Name of individual making the request _____

Telephone number where you can be contacted: _____

If you prefer, your crash report can be returned to you via e-mail or fax by completing **ONE** of the following (*please note- If you have a HOTMAIL e-mail account, their server will NOT accept our reports.):*

Mailing Address: _____

City:_____ State:_____ Zip Code:_____

E-mail address: _____Fax #:_____

REPORTS REQUESTED

Report Number(s): _____

Insurance Claim Number: _____

If the report number is unknown, please complete the following:

_____

Crash Date Crash Time Identify Highway or Street Location County

Any other identifying information: _____

A statutory fee of $10 per crash report will be collected from any individual who was involved in the crash and is requesting to purchase a copy of the report. Amount Due: _____ Check #:_____

The individual involved in the crash must provide a copy of their driver's license or identification card at the time of the request.

The parent or legal guardian of a juvenile involved in a crash must provide a copy of the juvenile's birth certificate and a copy of the parent's or legal guardian's DL or ID card at the time of the request.

Make checks or money orders payable to the *Arkansas State Police*
Mail checks, money orders, & required documents to the following address:
Arkansas State Police-Crash Records Section
One State Police Plaza Drive, Little Rock, AR 72209