

Crash Records201 South Broadway Street
Greensburg, IN 47240

Phone: (812) 663-3131

FAX: (812) 663-3258

Web: greensburgpolice.com

GPD CRASH FILE # _____

CRASH RECORDS REQUEST
(For crashes occurring in Greensburg only)**INSTRUCTIONS:**

Complete the crash information section and submit request form to the above address to obtain a copy of the crash report. Crash reports may be picked up in person or

\$5.00 fee for crash reports. Cash or Money Order ONLY. May be paid in person or enclosed if by mail.

Information may be disclosed to requester, their legal counsel, or a representative of the insurer; only upon signed authorization of authorized requester.

An authorized requester is a person involved with the crash and (driver, passenger, owner of damaged property, owner of vehicle, pedestrian) recorded on the police report; next of kin, surviving spouse or legal representative of the estate.

CRASH INFORMATION: (Please Print)

OF DRIVERS INVOLVED _____

	Driver(s) Name(s) (first, middle, last)	Date of Birth	Driver License #	License plate number*
1.				
2.				
3.				

* Without the license plate number of the vehicle(s) involved, the report that is being requested may not be located

Location of Crash (Street or Highway)	Time of Crash	Date of Crash

Were any of the vehicles parked? Yes NoWere there any fatalities? Yes No

Requester hereby authorizes the Greensburg Police Department to disclose accident information.

Check the appropriate box:

- Driver Owner of Damaged Property
 Passenger Owner of Vehicle
 Pedestrian Next of Kin

Signature of authorized requester

Printed Name _____

Mail to: _____

If by mail please enclose a self addressed stamped envelope for the return of your request.

For office use only: Report Located: Yes No Fee Paid: Yes No