BECKLEY POLICE DEPARTMENT – **RECORDS DIVISION** **APPLICATION FOR** **TRAFFIC CRASH REPORT**	DATE OF APPLICATION *(PLEASE ALLOW 1 TO 2 WEEKS FROM DATE OF ACCIDENT)* / /

THIS SPACE RESERVED FOR VALIDATION

NAME OF APPLICANT *(LAST, FIRST, MIDDLE)*	TELEPHONE NUMBER OF APPLICANT
ADDRESS CITY STATE ZIP CODE	DATE OF ACCIDENT
LOCATION OF ACCIDENT	DATE ACCIDENT REPORTED TO POLICE
PERSON(S) INVOLVED *(DRIVER OF VEHICLE)*	YOUR CLAIM, POLICY OR FILE NUMBER *(OPTIONAL)*
OTHER PERSON(S) INVOLVED *(DRIVER OF VEHICLE, PEDESTRIAN, ETC.)*	ACCIDENT INCIDENT NUMBER *(IF KNOWN)*

COPIES OF	FEE	NO.	APPLICANT'S FEE
☒ TRAFFIC CRASH REPORT	20.00 EACH		

FEE NOT REFUNDABLE	Make Checks Payable to: *"City of Beckley"*	**TOTAL PAID**
	*MAIL **THIS** PORTION WITH APPROPRIATE FEE*	

IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM AND/OR TO PARTICIPATE IN A PROGRAM OR SERVICE, CONTACT THE RECORDS DIVISION AT (304) 256-1720.

10-40 (rev. 11/06)

BECKLEY POLICE DEPARTMENT - RECORDS DIVISION

REQUESTS FOR AUTOMOBILE ACCIDENT REPORTS

PLEASE RETAIN THE BOTTOM PORTION OF FORM FOR YOUR FILES. NOTE THE DATE THAT YOU MAILED YOUR REQUEST AND ANY OTHER INFORMATION THAT MAY BE PERTINENT TO YOU.

ACCIDENT INCIDENT NUMBER   NAME(S) OF DRIVERS/FILE NO.   DATE MAILED

_____   _____   _____

It is essential that the information provided on this application is accurate. Information should contain the following: Date of accident, name of driver(s) and the location of accident. The Incident number can be obtained by calling the Beckley Police Department. **Insufficient or vague information may result in a negative response.**

All Inquiries are made and mail is sent to:
Beckley Police Department
Attn: Records Division
340 Prince Street
Beckley, WV 25801
(304) 256-1720

MAKE CHECKS OR MONEY ORDERS PAYABLE TO "CITY OF BECKLEY"

FEE NOT REFUNDABLE
PLEASE ALLOW 1 TO 2 WEEKS FROM DATE OF ACCIDENT BEFORE APPLYING FOR COPIES.

THANK YOU FOR APPLYING BY MAIL