



City of Bradford Police Department
Mike Ward
Chief of Police



18 Kennedy Street
Bradford, PA 16701

Ph. 814.368.6133
Fax 814.368.7411

Motor Vehicle Accident Report Request

Today's Date: _____

Requestor Information

| | | | |
|---|--|--|--|
| Name: | | | |
| Phone: | | | |
| Company Name: | | | |
| Involvement: (mark with an X) <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Vehicle/Property Owner <input type="checkbox"/> Insurance Company <input type="checkbox"/> Other (please explain) | | | |

Accident Information

| | |
|------------------------------|---------------|
| Incident Number (if known): | |
| Date of loss: | Time of Loss: |
| Driver Name (unit 1): | |
| Driver Name (unit 2): | |
| Location: | |
| Other pertinent information: | |

Delivery Method: _____ Mail _____ Fax (_____) _____
 (Please check one)