

Request for Accident Report

To: Records Dept.

From: Name: _____

Address: _____

Telephone Number : _____

Date: _____

Please print out this form, fill in the information requested below and mail the entire form with a check in the amount of \$15.00 to:

**Middletown Township Police Department
5 Municipal Way
Langhorne, PA 19047**

Accident Report Number (if known): _____

Date of Accident: _____

Location of Accident: _____

Driver's Name(s): _____

Investigating Officer: _____

Any Additional Information: _____

The report will be sent to you by return mail. Please note: Some reports take longer to complete than others and your request will be fulfilled upon completion of the Officer's investigation. Any questions regarding this form can be directed to the Records Dept., Mon. thru Fri. 8:30 AM to 4:30 PM at (215) 750-3845.