City of Bradford Police Department

Christopher E. Lucco
Chief of Police

18 Kennedy Street
Bradford, PA 16701

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Motor Vehicle Accident Report Request

Today's Date: _____

Requestor Information

Name:			
Phone:			
Company Name:			
Involvement: (mark with an X) ( ) Driver ( ) Passenger ( ) Vehicle/Property Owner ( ) Insurance Company ( ) 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)