



REQUEST FOR COPY OF ACCIDENT RECORD

PD 301-165 (Rev. 09-03)-Pent

FOR EACH RECORD DESIRED, A SEPARATE APPLICATION IS REQUIRED
A SEARCH AND SERVICE FEE OF **\$10.00** MUST ACCOMPANY EACH APPLICATION.

DO NOT SEND CASH

CHECK ONLY ONE RECORD DESIRED (A or B)

A) POLICE ACCIDENT REPORT
(MV-104AN)

B) MOTOR VEHICLE ACCIDENT AND
MECHANISM REPORT (PD 301-151)
WITNESS STATEMENT - VEHICLE
ACCIDENT (PD 301-061) (Above forms
prepared in FATAL accidents only)

FOR POLICE DEPT. USE ONLY

NAME AND ADDRESS OF PERSON TO WHOM
RECORD IS TO BE MAILED SHALL BE PRINTED
OR TYPED IN THIS SPACE BY APPLICANT

INSTRUCTIONS FOR MAIL-IN REQUESTS

1. Information **MUST** be typed or printed. Incomplete information may result in the return of your application
2. Include check or money order for **\$10.00** payable to NYC Police Dept. THIS FEE IS NOT REFUNDABLE. **DO NOT SEND CASH**
3. Enclose a stamped, self-addressed 9½"x4" envelope. (Extra postage necessary for copies of record B).
4. Enclose a photocopy of a current, valid form of picture identification (driver's license, passport etc.).
5. Requests for:

A) Police Accident Report

(MV-104AN) (report prepared by police for civilian motor vehicle accident)

MAIL TO: Pct. of Occurrence. Call 646-610-5000 or local Pct. for Precinct Mailing Address. You may also appear in person at precinct to obtain copy. (Copies obtainable up to 30 days maximum at precinct of occurrence).

All requests for accident reports after they leave the Pct. should be directed on Department of Motor Vehicle form MV198C, to Dept. of Motor Vehicles, Public Service Bureau, Empire State Plaza, Albany, N.Y. 12228.

B) Motor Vehicle Accident And Mechanism Report

(PD 301-151)
Witness Statement-Vehicle Accident
(PD 301-061)
(Above forms prepared in FATAL motor vehicle accidents only).

MAIL TO:
New York City Police Department
Highway District
Accident Investigation Squad
198-15 Grand Central Parkway
Hollis, Queens, N.Y. 11423

****(MAIL-IN REQUESTS ONLY)****

**NOTE: Sections 2 and 4 MUST be completed in all cases or your request will be returned.
Completion of the additional sections will help to insure a thorough search.**

1. License Plate Number(s) if known				2. Date of Occurrence	
Plate 1	Plate 2	Plate 3	Plate 4		
3. Name(s) of All Injured [Include Year of Birth and Sex]					
4. Place of Occurrence [Include Nearest Intersecting Street]				5. Precinct of Occurrence	6. Accident Report No.
7. Operator(s) of Vehicle(s)-Where Applicable					
8. Owner(s) of Vehicle(s)-Where Applicable					
9. Accident Information Reported To:		Rank	Name	Shield No.	Precinct