

SUBMIT TWO COPIES OF THIS FORM



REQUEST FOR COPY OF COLLISION RECORD

PD 301-165 (Rev. 09-14)

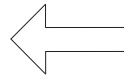
FOR EACH RECORD DESIRED, A SEPARATE APPLICATION IS REQUIRED

FOR POLICE DEPT. USE ONLY

CHECK ONLY ONE RECORD DESIRED (A or B)

A) POLICE ACCIDENT REPORT
(MV-104AN)

B) MOTOR VEHICLE COLLISION AND
MECHANISM REPORT (PD 301-151)
WITNESS STATEMENT — VEHICLE
COLLISION (PD 301-061) (Above forms
prepared in FATAL collisions 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. Enclose a stamped, self-addressed 9½"x4" envelope. (Extra postage necessary for copies of record B).
3. Enclose a photocopy of a current, valid form of picture identification (driver's license, passport etc.).
4. Requests for:

<p>A) Police Accident Report (MV-104AN) (report prepared by police for civilian motor vehicle collision) 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).</p> <p>Direct person to prepare and mail New York State Department of Motor Vehicles form, "REQUEST FOR COPY OF ACCIDENT REPORT MV-198C" as indicated, when Collision Report is no longer present at the precinct.</p>	<p>B) Motor Vehicle Collision And Mechanism Report (PD 301-151) Witness Statement – Vehicle Collision (PD 301-061) (Above forms prepared in FATAL motor vehicle collisions only).</p> <p>MAIL TO: New York City Police Department Highway District Collision Investigation Squad 198-15 Grand Central Parkway Hollis, Queens, N.Y. 11423</p> <p>** (MAIL-IN REQUESTS ONLY)**</p>
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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. Collision Report No.
7. Operator(s) of Vehicle(s) – Where Applicable					
8. Owner(s) of Vehicle(s) – Where Applicable					
9. Collision Information Reported To:		Rank	Name	Shield No.	Precinct

**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 ensure a thorough search.**

Name of Desk Officer Verifying (print)	Signature	Tax No.
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