

REQUEST FOR COPY OF CRASH/ACCIDENT REPORT

Use only for crashes/accidents that happen in New York State.

Requester's Email Requester's Phone Number						
How do you want to receive your certified record?						
Requester's Name Requester's Organization Name						
Requester's Street Address City			у	State Zip		
Provide as much information as you can about the crash/accident. If more than 3 m Crash/Accident Date Crash/Accident Location (County) Plate No.						
Crasm/Accident Date Crasm/Accident Location (County)			Plate	NO.	Driver License ID No. or No. from	1 Non-Driver ID Card
Responding Police Agency			Name	Date of Birth		
NYC Precinct #Accident #			Addres	ddress Apt. No.		
NYS Police			City	ity State Zip Code		
Local						
Plate No. Driver License ID No. or No. from Non-Driver ID Card			Plate I	No.	Driver License ID No. or No. from	n Non-Driver ID Card
Name	D.	Date of Birth		Date of Birth		e of Birth
Address Apt. 1		Apt. No.	Addres	ess		Apt. No.
City	State Zip Code		City	State Zip Code		Zip Code
Check boxes below for all reports you are requesting:						
Police Report Motorist Report (NAME)						
Motorist Report (NAME) Motorist Report (NAME)						
If you are requesting a motorist report, you MUST choose one of the following: ☐ I am named in this crash/accident report, or I am the authorized representative of a person who is, or who may be, a party to a civil action arising out of the conduct described in this crash/accident report. ☐ I am, or may be, a party to a civil action arising out of the conduct described in this crash/accident report. ☐ Other reason: ☐ Other reason: ☐ Other reason: ☐ I am the authorized representative of a person who is, or who may be, a party to a civil action arising out of the conduct described in this crash/accident report. ☐ I am a representative of New York State or of a political subdivision of New York State, and will use this crash/accident report ONLY for statistics or research relating to highway safety.						
Requester's Signature X Date of Signature						
To knowingly make a false statement or conceal a material fact in this written statement is a criminal offense, punishable under Penal Law Section 210.45.						
Mail completed form and payment to: NYSDMV, MV-198C Processing, 6 Empire State Plaza, Albany NY 12228.						
No. of reports requested x \$15 \$ NOTE: If you are ordering a report, be sure to include \$15 for each report being requested PLUS the \$10 non-refundable search fee. Total Amount Enclosed \$						
Please select payment method (Do Not Send Cash):						
DMV account number				DID YOU KNOW?		
Check/Money Order - Payable to Commissioner of Motor Vehicles				You can order reports online!		
Print name and address where the crash/accident report(s) should be mailed:				Two ways to order:		
				Get reports instantly by purchasing them online at dmv.ny.gov/AIS.		
				Visit dmv.ny.gov/rrn and select "Go to Records Request Navigator". Allow up to 5 business days for processing.		