



REQUEST FOR COPY OF POLICE ACCIDENT REPORT

Purpose: This Request is completed for accidents that occurred on the New York State Thruway System only*.

INSTRUCTIONS:

- Complete Sections I, II and III (if applicable). Provide as much information as possible.
- A non-refundable \$15.00 search fee payable to "New York State Thruway Authority" by check, money order (U.S. Currency) or credit card is required to process your Request.
- Send completed Request and search fee to the above address or via e-mail to **accidentreport@thruway.ny.gov**.
(Requests sent by e-mail require fee to be paid by credit card. This form must be signed below to process credit card.)

NOTES:

- Reports may not be immediately available. Please allow 4 weeks for processing.
- There is a \$25.00 returned check fee.
- For questions, please call (518) 471-4450.

Section I Requester Information

Name	Date of Request
Address (Street No./P.O. Box, City, State, Zip Code)	Daytime Phone No. () -
Report should be sent to me by (choose one):	
<input type="checkbox"/> Mail - Provide address Report should be sent to (if different than above). Address: _____	
<input type="checkbox"/> E-mail - Reports sent via e-mail are in .PDF format. Adobe Acrobat Reader is necessary to view this document. E-mail address: _____	
Please choose one of the following:	
<input type="checkbox"/> I am a representative of New York State or a political subdivision of New York State, will use this accident report ONLY for statistics or research relating to highway safety.	<input type="checkbox"/> I am named in this accident report, or I am the authorized representative of a person named in this report.
<input type="checkbox"/> I am, or may be, a party to a civil action arising out of the conduct described in this accident report.	<input type="checkbox"/> Other reason: _____
<input type="checkbox"/> 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 accident report.	_____
<i>I understand that 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.</i>	
<div style="text-align: right;">Requester Signature _____ Date _____</div>	

Section II Accident Information (for accidents that occurred on the Thruway System only*)

Police Report Complaint No.	Name of Driver(s)	Accident Date	Accident Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Thruway Location			
Milepost No.	Direction	Service Area or Interchange (if applicable)	County

Section III Credit Card Authorization

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card No. _____ - _____ - _____ - _____ Expiration Date _____ / _____ CVC _____			
Cardholder Name (print) _____		I hereby authorize the New York State Thruway Authority to charge a \$15.00 (non-refundable) search fee to my credit card account.	
Address _____			
Daytime Phone No. () -		Cardholder Signature _____	

* The Thruway includes I-87 (from NYC to Albany, Exit 24); I-90 (from Albany, Exit 24, west to the Pennsylvania border, including the Berkshire Spur, which connects I-87 to the Massachusetts Turnpike); I-95 (NYC to Connecticut); I-287 (connecting I-87 and I-95); and I-190 (connecting Buffalo and Niagara Falls).