

ARKANSAS STATE POLICE CRASH REPORT REQUEST

Arkansas State Police - Crash Records Section
One State Police Plaza Drive - Little Rock, Arkansas 72209

PLEASE PRINT LEGIBLY OR TYPE – FILL OUT FORM WITH AS MUCH INFORMATION AS POSSIBLE

Today's Date: _____

Name of person making the request: _____
Last First Middle Initial

Telephone number where you can be contacted: _____

If applicable identify the agency or company you represent & give your tax ID Number:

Agency: _____ Tax ID # _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

If you prefer, your crash report can be returned to you by e-mail OR fax by completing ONE of the following (please note - If you have a HOTMAIL email account, their server will NOT accept our reports):

E-mail address _____

Fax Number _____

REPORTS REQUESTED

Report Number(s): _____

Insurance Claim Number: _____

If report number is unknown please complete the following:

Crash Date Crash Time Identify Highway or Street Location County

Name of an individual known to be involved in crash: _____ D.O.B _____

Any other identifying information: _____

A statutory fee shall be collected in the amount of \$10 per report. Amount Due: _____ Check #: _____

Do Not Write Below This Line

Redacted Reports: Yes No

Request Approved: Yes No

Juveniles Involved: Yes No

Crash Remain Under Investigation: Yes No

Report Numbers _____