

REQUEST FOR COPY OF POLICE ACCIDENT REPORT**INSTRUCTIONS**

1. Complete this REQUEST form. Provide as much information as possible.
 2. Enclose: 1) a **non-refundable** \$15.00 check or money order (U.S. Currency), payable to "**New York State Thruway Authority**", or complete the credit card authorization below, **and**
2) a self-addressed, stamped, legal-size envelope **OR** your e-mail address.
 3. Mail Request to: New York State Thruway Authority
Attn: Office of Traffic Management
P.O. Box 189
Albany, New York 12201-0189
- Please Note:
- Reports may not be available for 30 days. Please allow 4 weeks for processing.
 - There is a \$25.00 returned check fee.
 - For any questions regarding the status of the copy of your Accident Report, please call (518) 471-4450.

REQUEST SUBMITTED BY

Name _____	Date of Request _____
Address (Street No./PO Box, City, State, Zip Code) _____	Daytime Telephone No. () _____

Check here to receive report by e-mail. REPORTS sent via e-mail are in .PDF format. Adobe Acrobat Reader is necessary to view this document.

e-mail address: _____

ACCIDENT INFORMATION

Name of Driver(s) _____

Date of Accident _____ Time of Accident _____ AM PM

Thruway Location _____

Milepost No. _____	Direction (North, South, East, West) _____	Service Area or Interchange _____	County _____
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Police Report Complaint Number _____

CREDIT CARD AUTHORIZATION

American Express Discover M/C Visa

Account Number _____ / _____ / _____ / _____ Expiration Date _____ / _____

Cardholder Name (Print) _____

Address _____

Daytime Telephone Number () _____ Cardholder Signature _____

Notification Required Under Personal Privacy Protection Law

The information you are providing on this authorization form is being requested pursuant to New York State Public Authorities Law as well as the New York State tax laws for credit card payment for goods or services received from the New York State Thruway Authority. This information will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments unless otherwise required by law to be released.

The information contained herein will be kept in hard copies and/or computerized files, at the Authority's discretion and will be maintained by the Supervisor of Accounts Receivable in the Office of Investments and Asset Management; New York State Thruway Authority, 200 Southern Boulevard, Albany, NY 12209; 518-471-5356.