



## 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, fax number, or via e-mail to **accidentreport@thruway.ny.gov**.  
 (Requests sent by fax or 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"/> Fax Fax No.: (    )    -	
<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 type or print neatly): _____	

**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 _____ / _____		
Cardholder Name (print) _____	<b>I hereby authorize the New York State Thruway Authority to charge a \$15.00 (non-refundable) search fee to my credit card account.</b>		
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).

Personal Privacy Protection Law Notification

The information that you are providing in this form is being requested for the principal purpose of keeping a record of requests for police accident reports for accidents that occurred on the New York State Thruway System. This information 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. Failure to provide this information may result in a delay or declination to provide a copy of police accident report. This information will be used in accordance with Section 96(1) of the Personal Private Law, particularly subdivisions (b), (e) and (f). This information is being requested by the Department of Maintenance and Operations/Traffic Management and will be maintained in the Office of Traffic Management at 200 Southern Boulevard, Albany, NY 12209, (518) 471-4450.

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.