



Police Department • 82 E. University Avenue • Champaign IL 61820 • (217) 403-6911 • fax (217) 403-6924 • www.ci.champaign.il.us

**ACCIDENT REPORT REQUEST**

**(\$5.00 fee)**

_____	_____
Your Name (please print)	Address
_____	_____
City/State/Zip	Telephone Number

**ACCIDENT REPORT**

Report Number (if known): \_\_\_\_\_ Date of Report: \_\_\_\_\_

Accident Location: \_\_\_\_\_

Names of parties involved (if known): \_\_\_\_\_

_____	_____
SIGNATURE OF REQUESTOR	DATE OF REQUEST

OFFICE USE ONLY
DATE DUE: _____ EXTENSION REQUESTED: _____ EXTENSION DATE: _____
COMPLY _____ PARTIALLY COMPLY _____ DENIED _____ CLERK INITIALS: _____