



Fayetteville Police Department
Completed Accident Request Form
 1800 N Stephen Carr Memorial Blvd.
 Fayetteville, Arkansas 72704-5569
 (479) 587-3565

Print Requestor's Name: _____
Requestor's Day Phone: _____
Date of Request: _____

When requesting police reports, the following specific information is needed to ensure that the correct report is created for you from our files. Please direct any questions you may have to the Police Department Records Division at (479) 587-3565 during regular business hours of 7:00 am to 5:00 pm, M-F.

Place the number of copies in the box to the left of the type of report requested:

Qty.			
<input type="checkbox"/>		\$10.00 per copy	\$ _____
<input type="checkbox"/>		\$10.00 per copy	\$ _____

Total Submitted (Check or Money Order Only)

Checks must be payable to Fayetteville Police Department. Mail to:
 100 West Rock Street Fayetteville, AR 72701. Please provide your mailing or email address. \$ _____

INCIDENT INFORMATION:

NAME: (Driver, Victim or Suspect) _____

Note: On an accident report, the name listed on the driver's license will most likely be used.

DATE OF BIRTH: (mm/dd/yyyy) _____

DRIVER'S LICENSE INFORMATION: State: _____ Number: _____

LOCATION OF INCIDENT / ACCIDENT: (specify street address, intersection, or nearest cross street) _____
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DATE AND TIME OF INCIDENT / ACCIDENT: _____
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Note: Some cases will not be released due to on-going investigations or pending arrests. Juvenile name(s) may not be included depending on the type of report requested.