

Western Australia Police Force

Application for Abridged Crash Report

For use by Authorised Representatives ONLY

Public Access
Office of Information Management
Level 5 Westralia Square, 141 St Georges Terrace
PERTH WA 6000

Enquiries: (08) 6229 5900 or PublicAccess@police.wa.gov.au

CRASH FILE NUMBER OR INCIDENT REPORT NUMBER (IF KNOWN)				ONLINE CRASH REFERENCE NUMBER (IF REPORTED ONLINE)						
Deta	ails Of Authorised Representati	ve								
SURN	IAME	AME(S)			ORGANISATION NAME					
REPRESENTATION TYPE (INSURER, SOLICITOR, LOSS ASSESSOR, INVESTIGATOR, ETC.) REFERENCE NUMBER										
POSTAL ADDRESS				SUBURB				STATE	POSTCODE	
TELEPHONE NUMBER			EMAIL ADDRESS	EMAIL ADDRESS						
Deta	ails of Involved Party									
SURNAME / BUSINESS NAME			GIVEN NAME(S)	D/			DATE OF B	DATE OF BIRTH		
INVOLVEMENT (DRIVER, PASSENGER, PROPERTY OWNER)						VEHICLE REGISTRATION				
Incident Information										
DATE OF INCIDENT LOCA		LOCAT	OCATION OF INCIDENT							
ADDITIONAL INFORMATION TO ASSIST SEARCH										
									FEE: \$49.20	
☐ I have read, understood and agree to the terms under which the information is to be released.										
SIGNATURE DATE										
App	lication Checklist (Applications m	ust inclu	de the following	to be ac	cepted)					
	Completed application form (or written request on company letterhead).									
	Letter of consent signed by the involved party (or employee of involved business) authorising the release of information. N.B. Representatives acting on behalf of an insurance company, who in turn is representing an individual, must provide signed consent from the individual.									
	Payment. Cheques and money orders made payable to "The Commissioner of Police". Money order vouchers cannot be accepted and will be returned.									
	Lodged in person at the Office of Information Management, or by post to LOCKED BAG 20, PERTH BUSINESS CENTRE WA 6849.									

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