

Western Australia Police Force

Application for Abridged Crash Report

For use by Personal Representatives ONLY

Public Access

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)			WN)	ONLINE CRASH REFERENCE NUMBER (IF REPORTED ONLINE)					
Details of Personal Representative SURNAME GIVEN NAME ORGANISATION NAME (IF RELEVANT)									
SURNA	ME				ORGANISATION NAME (IF RELEVANT)				
REPRESENTATION TYPE (PARENT / GUARDIAN, EXECUTOR, ADMINISTRATOR, POWER OF ATTORNEY)									
(,,,									
POSTAL ADDRESS			SUBURB				STATE	POSTCODE	
TELEPHONE NUMBER			EMAIL ADDRESS						
_									
Details of Involved Party									
SURNAME			GIVEN NAME(S)				IRTH		
INVOLV	/EMENT (E.G. DRIVER, PASSENGER, PR	₹)	VEHICLE REGISTRATION			ATION			
Incident Information									
DATE OF INCIDENT LOCATI			TION OF INCIDENT						
ADDITIONAL INFORMATION TO ASSIST SEARCH									
								FEE: \$55.00	
☐ I have read, understood and agree to the terms under which the information is to be released.									
SIGNATURE DATE									
Appli	ication Checklist (Application	ns must inclu	ide the following	g to be acce	epted)			
	Completed application form (or written request on company letterhead).								
	A copy of the representative's photo identification (e.g. driver's licence, photo card, passport).								
	Documentary proof of representation (e.g. relevant representation order or certificate).								
	Payment. Cheques and money orders made payable to "The Commissioner of Police". Money order vouchers cannot be accepted and will be returned.								
	will be returned.								

For more information about Abridged Crash Reports visit www.wa.gov.au/organisation/western-australia-police-force/apply-wa-police-force-information

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