



**City of Amsterdam Police  
Department Accident Report**

Please submit request to City Clerk's office with a valid ID

*Please  
choose one  
of the  
following:*

- I am named in this accident report, or I am the authorized representative of a person named in this report.
- I am an authorized representative of a person who is, or may be, a party to a civil action arising out of conduct described in this accident report.
- I am, or may be, a party to a civil action arising out of the conduct described in this accident report.
- I am a representative of New York State, or a political subdivision of NY State, and will use this accident report ONLY for statistics or research relating to highway safety.

Please Print Requester's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Signature: X  
Date of Signature: \_\_\_\_\_

*To knowingly make a false statement or conceal a material fact in this written statement is a criminal offense, punishable under Penal Law Section 210.45.*

**Provide as much information as you can about this accident:**

Accident Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Accident Location: \_\_\_\_\_  
 Fatal Accident:  YES  NO  
 Case # (if known): AP

**Additional Vehicle:**

Plate No.	Driver's License No. or Non Drivers Id Card:	Plate No.	Driver's License No. or Non Drivers Id Card:
NAME	Date of Birth	NAME	Date of Birth
ADDRESS:	Apt No.	ADDRESS:	Apt No.
City State Zip Code		City State Zip Code	

*Any additional vehicles please provide info on back of request.*

Non-Refundable Search & Report Fee.....\$10 each  
 Total Amount Enclosed.....\$\_\_\_\_\_

**IF MAILING- PLEASE SEND COMPLETED FORM AND PAYMENT TO:  
 CITY OF AMSTERDAM CLERK'S OFFICE  
 61 Church Street Amsterdam, NY 12010**

*Print name and address where the  
 accident report should be mailed:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report can also be emailed- please check here if you prefer to be emailed report for the same cost.  
 Email Address: \_\_\_\_\_

**CITY CLERK USE ONLY**

Date Received: \_\_\_\_\_  
 Payment Type: \_\_\_\_\_  
 Payment Amount: \_\_\_\_\_  
 Date Sent: \_\_\_\_\_  
 Employee Initials: \_\_\_\_\_