

# GOWANDA POLICE DEPARTMENT

**VILLAGE OF GOWANDA**  
27 East Main Street  
Gowanda, New York 14070

(716) 532-2020  
Fax: (716) 532-3777

Ben Shields  
Officer in Charge



## Accident Report Request Form

Requestors Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Accident or CL #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name(s) of Parties Involved: \_\_\_\_\_

Party of Interest, Please Check One:

Driver       Passenger       Property Owner       Vehicle Owner       Attorney  
 Insurance Agency       Parent of Minor       Legal Guardian of an Individual

- Please include with your completed request form a check in the amount of \$5.00 made out to the Village of Gowanda. Bring this form and your check with you to receive a copy of your Incident report in person.
- If you are requesting that your request be honored by mail, please include with your completed request form a check in the amount of \$5.00 made out to the Village of Gowanda and a self-addressed stamped envelope and mail to

Village of Gowanda  
27 East Main St  
Gowanda NY 14070

\*Request by mail will not be honored without a self-addressed stamped envelope\*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Village Use\*

Request Received By: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Date Request Completed: \_\_\_\_\_  
Request Completed By: \_\_\_\_\_