



**Waterloo Regional
Police Service**
"People Helping People"

Request for Collision Report

Please PRINT

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1. Please complete the *Business or Personal Information* and *Collision Information* then sign this form.
2. Attach a money order or certified cheque for **\$141.25** (HST included) and mail to:

Collision Reports
Waterloo Regional Police Service
P.O. Box 3070, 200 Maple Grove Road
Cambridge, ON N3H 5M1

OR you can submit the request in person Monday to Friday between 7:30am to 7:00pm at 150 Maple Grove Road in Cambridge. You can pay by cash or debit if dropping the request off. Individuals are required to show photo ID.

BUSINESS OR PERSONAL INFORMATION

Name and/or Organization

Date of Birth	YY	MM	DD	Contact Telephone Number () ext
Address	Number/Unit	Street	City	Province Postal Code

COLLISION INFORMATION

Occurrence / Police Report Number	Date and Time Collision was Reported (YY/MM/DD)
Purpose of Request	
Location of Collision	
Name of Other Involved Person(s)	
Vehicle Information (licence plate number of involved vehicle)	
Officer's Name	
Signed this date _____, 20 _____ Signature of Applicant _____	

FOR POLICE USE ONLY

P	Amount Collected \$	ID Verified By	Date Completed (YY/DD/MM)	Completed by	<input type="checkbox"/> Pick Up <input type="checkbox"/> Mail
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Please visit www.wrps.on.ca or call 519-653-7700 ext. 8860 or 8303 or 8304 for more information.

Personal information contained on this form is collected under section 28/29 of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to respond to your request. Questions about this collection should be directed to the Access to Information Unit at 519-653-7700 extension 8514.