



The City of Lynchburg, Virginia

POLICE DEPARTMENT

Please mail completed form with payment to:

Lynchburg Police Department

Records Section

905 Court Street

Lynchburg, VA 24504

Request for an Accident or Incident Verification Report

For each report requested, a separate application is required. Please submit a search and service fee of \$10.00 with each application. Make check or money order payable to *The Lynchburg City Police Department*. This fee is non-refundable. Please enclose a self-addressed, stamped envelope.

Please complete the following:

Report/Case # (if known): _____

Type of Report: _____

Date of Occurrence: _____ Time: _____

Location of Occurrence: _____

Vehicle Information:

License #: _____

Make: _____

VIN#: _____

Driver / Involved Party: _____ DOB: _____

Driver / Involved Party: _____ DOB: _____

Name and address of the individual to whom this record is to be mailed (please print or type):

FOR POLICE DEPARTMENT USE ONLY

- Report Attached
- No Report Found (with the information provided)
- Handled By Officer - No Report Filed

Officer: _____ Phone #: _____

CC#: _____

- Loss Location Not In Our Jurisdiction

Suggest you try: _____

- Not Releasable