

**Portage Police Department**

*Accident Report Request Form*

**City Ordinance Accident Report Fee: \$10.00**

Date requested: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Case #: \_\_\_\_\_

Fax #: \_\_\_\_\_  
*(if requesting to be faxed)*

Address: \_\_\_\_\_  
*(if requesting to be mailed or e-mailed)*

*If case number is not known, please provide details about incident, such as date, address, drivers information, &/or where accident occurred:*

---

---

---

---

---

---

*If requesting to be mailed back to you please, include a self addressed stamped envelope.*

**Records Division**  
**Business hours: Monday thru Friday 8am-11pm**  
**Saturday & Sunday 8am-4pm**  
**(Closed on Holidays)**

**Any questions, please call our records department (219) 762-3122**