

**Virginia Department of Motor Vehicles**<<https://www.dmv.virginia.gov>>An official website [Here's how you know](#)Find a Commonwealth
Resource**SEARCH****Reserve Your Spot** </appointments>

Request a Police Crash Report from DMV

DMV will release a complete crash report to persons involved in the crash or their authorized representatives. This includes:

- Driver
- Passenger
- Injured person
- Owner of the vehicle and/or property involved at the time of the crash
- Personal representative of any person involved, injured or killed (e.g., conservator, executor, next of kin, etc.)
- Attorney representing any person involved, injured or killed
- Authorized representative of an insurance company
- Parent or legal guardian of a minor (under age 18) injured or killed

Give Feedback

How to Request a Crash Report

To request a crash report, submit either a written request or a completed **Information Request Form** , along with your payment.

The written request must include:

- Your crash involvement (e.g., driver, injured person, owner of the vehicle and/or property involved at the time of the crash, etc.)
- Crash date and time
- Crash location (street, city/town/county)
- Driver name (if you were not the driver)
- Your driver's license number (if you were involved in the crash)

To use the Information Request Form:

- Fill in your information under Requester Information
- Check the box for Police Crash Report under Information Requested
- Select the type of requester you are and provide as much of the crash information as you can
- Sign the certification

Submit your request:

- **By Mail**

**Customer Records Work Center, Room 514
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, VA 23269**

- **Fax**

(804) 367-0390

- **In Person**

Make an appointment <<https://www.dmv.virginia.gov/onlineservices/appointment-selector.aspx>> to visit any **customer service center** <<https://www.dmv.virginia.gov/locations>> or stop by any day we're open.

Give Feedback

How To Pay

The fee is \$8 per crash report requested. DMV will return your fee if we do not find a report.

Acceptable payment methods include:

- **By Mail:** Check or money order only
- **By Fax:** Completed License, ID Card and Records Payment Authorization
- **In Person:** Cash, check, money order or credit card

If you're a high volume requester, you may choose to be billed. Contact the Customer Records Work Center at customerrecords@dmv.virginia.gov with the name of your company and federal identification number.

Receiving the Crash Report

DMV will send your requested documents by U.S. Postal Service first class mail.

Crash Data

DMV maintains the official record of all reportable crashes occurring within the Commonwealth. We store this data in the **Traffic Records Electronic Data System** </safety/crash-data/traffic-records-electronic-data-system> for at least 36 months. Crashes may be reported by law enforcement or an individual.

See **Related Crash Data** </safety/crash-data> for more information.

ABOUT US

Through our mission purpose, the DMV aims to be Virginia's most trusted service provider.

Give Feedback

INFORMATION REQUESTED (continued)

| | | | |
|---|---------------|---|-----------------------|
| CRASH DATE (mm/dd/yyyy) | TIME OF CRASH | CRASH LOCATION (highway or street name) | |
| CITY/COUNTY/TOWN WHERE CRASH OCCURRED | | DRIVER FULL NAME (last, first, mi, suffix) | DRIVER LICENSE NUMBER |
| 1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) | | 2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) | |
| 3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) | | 4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) | |

DECEDENT PHOTO REQUEST (requester *may* need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)

| | |
|--|--|
| DECEDENT FULL NAME (last, first, mi, suffix) | DECEDENT DMV CUSTOMER NUMBER |
| DECEDENT BIRTH DATE (mm/dd/yyyy) | Requester's relationship to decedent (check one): <input type="checkbox"/> Executor <input type="checkbox"/> Administrator |

OTHER INFORMATION (Be specific)

CERTIFICATION

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose and that any personal information I receive will not be used for the predominant purpose of solicitation of prospective clients.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law. If representing a government entity, I agree that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party for any purpose related to civil immigration enforcement. Distribution of privileged information, as described at Va. Code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV.

For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury, and I understand that knowingly making a false statement or representation on this form is a criminal violation.

| | |
|---------------------|-------------------|
| REQUESTER SIGNATURE | DATE (mm/dd/yyyy) |
|---------------------|-------------------|

CUSTOMER RECORDS FEES

| | | | |
|----------------------------------|--------|--|--------|
| Driving Record | \$9.00 | Supporting Documents (per page) | \$3.00 |
| Vehicle Record | \$9.00 | Motor Carrier Overweight Citation Record | \$8.00 |
| Police Crash Report | \$8.00 | Travel Emergency Photo Verification | \$9.00 |
| Decedent Photo | \$9.00 | Record Certification Fee (additional) | \$5.00 |
| Driver/Vehicle Application | \$9.00 | | |

PAYMENT METHODS

If you are mailing this request, DMV can only accept **check or money order** via mail.

| | | | |
|---|--------------------|---|--------------------------|
| <input type="checkbox"/> CHECK Made payable to DMV | ENTER CHECK AMOUNT | <input type="checkbox"/> MONEY ORDER Made payable to DMV | ENTER MONEY ORDER AMOUNT |
|---|--------------------|---|--------------------------|

DMV CUSTOMER SERVICE CENTER USE ONLY

| | | |
|---|---|-------------------|
| Proof of Requester's Identification | | |
| <input type="checkbox"/> Valid Driver's License Number _____ | <input type="checkbox"/> Other Photo Identification _____ | |
| If referred to Headquarters to Fill Request, Complete: CSR Name _____ CSC Name (not CSC number) _____ | Remarks/CSR Stamp | Fee Charged \$ |

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION

| | | | | |
|--|----------|-------------------------------------|---|--------------------------------------|
| REQUESTER FULL NAME (last, first, mi, suffix) | | | FEDERAL TAX ID OR SOCIAL SECURITY NUMBER* | |
| EMAIL ADDRESS | | ORGANIZATIONAL AFFILIATION (if any) | TELEPHONE NUMBER () | USE AGREEMENT NUMBER (if applicable) |
| STREET ADDRESS | | | CITY | |
| STATE | ZIP CODE | ACCESS CODE (if applicable) | TNC CERTIFICATE NUMBER (if applicable) | |
| REASON FOR REQUEST (be specific) (attach additional sheets if necessary) | | | | |

* In accordance with Virginia Code §§2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.

GOVERNMENT REQUESTER

| | | | | | |
|---|--------------------------------|-------------------------------|---------------------------------|---|---|
| IDENTIFY PROPOSED USE AND LEGAL AUTHORITY (Attach additional pages if needed. Attach letter with case information) | | | | | |
| <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input type="checkbox"/> City | <input type="checkbox"/> County | <input type="checkbox"/> Special District | <input type="checkbox"/> Other (identify below) |
| IF OTHER, IDENTIFY TYPE | | | | | |
| <input type="checkbox"/> Check here if you are an attorney for the Commonwealth requesting information pursuant to your authority under Va. Code § 15.2-1627. | | | | CASE DATE | |
| <input type="checkbox"/> Check here if you are a public defender requesting information pursuant to your authority under Va. Code § 19.2-163.3. | | | | | |

SUBJECT INFORMATION

If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available).

| | | | | |
|---|--|---|-------|----------|
| SUBJECT FULL NAME (last, first, mi, suffix) | | <input type="checkbox"/> CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE. | | |
| STREET ADDRESS | | | | |
| CITY | | | STATE | ZIP CODE |

INFORMATION REQUESTED

Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.

| | | | | |
|---|--|--------------|---------------------------------|--------------|
| <input type="checkbox"/> DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above) | | | | |
| SUBJECT DRIVER LICENSE NUMBER | | or | SUBJECT BIRTH DATE (mm/dd/yyyy) | |
| REASON FOR REQUEST (Check one) <input type="checkbox"/> Insurance <input type="checkbox"/> Employment, School, or Military <input type="checkbox"/> Member/Applicant/Volunteer <input type="checkbox"/> Personal Use, Court, or Attorney <input type="checkbox"/> TNC | | | | |
| An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above. | | | | |
| SUBJECT SIGNATURE | | | DATE (mm/dd/yyyy) | |
| <input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above) | | | | |
| VEHICLE IDENTIFICATION NUMBER (VIN) | | VEHICLE MAKE | | VEHICLE YEAR |

| | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> POLICE CRASH REPORT | | | | |
| IMPORTANT NOTE: The Department may only release a full crash report in accordance with VA Code § 46.2-380. | | | | |
| Check one or more boxes to indicate your involvement in the crash: | | | | |
| <input type="checkbox"/> I was a DRIVER. | | | <input type="checkbox"/> I was a PASSENGER. | |
| <input type="checkbox"/> I legally REPRESENT a person injured or involved in the crash. | | | <input type="checkbox"/> I was injured in the crash or as a result thereof (ex: injured pedestrian). | |
| <input type="checkbox"/> I am the parent or legal guardian of a <u>minor</u> injured or killed in the crash. | | | <input type="checkbox"/> At the time of the crash, I owned a vehicle/property involved. | |
| <input type="checkbox"/> I am the personal representative (guardian, executor, next of kin, etc.) of a person injured or killed in the crash. | | | | |
| <input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which a person has applied for issuance or renewal of a policy of automobile insurance. | | | | |