



Motor Vehicle and General Occurrence Report Request

Mandatory Fee must accompany all requests.

Request for:

- ☐ Motor Vehicle Collision Report
☐ Non-Reportable Motor Vehicle Collision Report
☐ General Occurrence Report for Proof of Loss

Information of Requestor:

Last Name: _____

First Name: _____ Middle name: _____

Address (Street / Apt. No. / P.O.Box No. / R.R No.) _____

City/Town _____

Province _____

Postal Code _____

Date of Birth _____

Telephone No: _____

Email Address _____

Occurrence Details:

Occurrence Number: _____

Date of Occurrence: _____

Please indicate below your preferred method to receive the above requested report

Preferred method of access to records: ☐ Email ☐ Mail

Signature _____

Date _____

FOR POLICE USE ONLY

Date Received: (ddmmyy): _____

Request Number: _____

Comments: _____

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information Privacy Act, and will be used for the purpose of responding to your request. Questions about this collection should be directed to York Regional Police, 47 Don Hillock Drive, Aurora, Ontario L4G 0S7: Attention Information Management Bureau. Tel: (905) 830-0303, extension 7878.

Distribution: Original: Information Management Bureau

Copy: Requestor

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