MOTOR VEHICLE CRASH REPORT REQUEST FORM

PLEASE FOLLOW THE INSTRUCTIONS BELOW TO OBTAIN A COPY OF A MOTOR VEHICLE CRASH REPORT.

1. The **ONLY WAY** that you may obtain a copy of a Motor Vehicle Crash Report is **BY MAIL**.

2. Please fill out all of the **DRIVER’S INFORMATION** at the bottom of this form.

3. Send this completed form along with a check in the amount of $5.00 made payable to the “Borough of Roseland”. A self addressed stamped envelope **MUST BE** enclosed!

4. **IMPORTANT!** - Accident Reports **WILL NOT** be released for 5 business days from the occurrence date of the Motor Vehicle Crash. **NO EXCEPTIONS!**

If your vehicle was Towed, a check mark next to one of the below listed Towing Companies indicates where your vehicle is stored. If you should need directions to pick up your vehicle, please call the Towing Company – **NOT THE POLICE DEPARTMENT!**

---

**Panek’s Service Center**
16 Livingston Avenue
Livingston, NJ
973-992-0110

**M & M Roadside**
467 Valley Road
West Orange, NJ
973-324-9393

**Mountain Auto Body**
16 Bloomfield Avenue
Verona, NJ
973-744-1021

**Ajaco Towing**
1029 Edwards Road
Parsippany, NJ
973-882-5576

---

**DRIVERS INFORMATION**

NAME _____________________________ PHONE # ( ) ______-___________
ADDRESS __________________________________________________________

DATE OF ACCIDENT ___/___/20__ G.C. # 20__-___________________

___ REPORTABLE   ___ NON-REPORTABLE