



# Western Australia Police Force Application for Abridged Crash Report

For use by **Authorised Representatives ONLY**

**Information Release Centre**

Office of Information Management, Policy & Legislation

Level 5 Westralia Square, 141 St Georges Terrace

PERTH WA 6000

Enquiries: (08) 6229 5900

CRASH FILE NUMBER OR INCIDENT REPORT NUMBER (IF KNOWN)	ONLINE CRASH REFERENCE NUMBER (IF REPORTED ONLINE)
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Details Of Authorised Representative			
SURNAME	GIVEN NAME(S)	ORGANISATION NAME	
REPRESENTATION TYPE (INSURER, SOLICITOR, LOSS ASSESSOR, INVESTIGATOR, ETC.)		REFERENCE NUMBER	
POSTAL ADDRESS	SUBURB	STATE	POSTCODE
TELEPHONE NUMBER	EMAIL ADDRESS		

Details of Involved Party		
SURNAME / BUSINESS NAME	GIVEN NAME(S)	DATE OF BIRTH
INVOLVEMENT (DRIVER, PASSENGER, PROPERTY OWNER)	VEHICLE REGISTRATION	

Incident Information	
DATE OF INCIDENT	LOCATION OF INCIDENT
ADDITIONAL INFORMATION TO ASSIST SEARCH	
<b>FEE:</b> \$45.90	

I have read, understood and agree to the terms under which the information is to be released.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Application Checklist (Applications must include the following to be accepted)	
<input type="checkbox"/>	Completed application form (or written request on company letterhead).
<input type="checkbox"/>	Letter of consent signed by the involved party (or employee of involved business) authorising the release of information. <b>N.B.</b> Representatives acting on behalf of an insurance company, who in turn is representing an individual, must provide signed consent from the individual.
<input type="checkbox"/>	Payment. Cheques and money orders made payable to "The Commissioner of Police". <b>Money order vouchers cannot be accepted and will be returned.</b>
<input type="checkbox"/>	Application lodged in person at the Information Release Centre, or by post to <b>LOCKED BAG 20, PERTH BUSINESS CENTRE WA 6849.</b>

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