



# Western Australia Police Force

## Application for Abridged Crash Report

### For use by Authorised Representatives ONLY

**Public Access**  
Office of Information Management  
Level 5 Westralia Square, 141 St Georges Terrace  
PERTH WA 6000

Enquiries: (08) 6229 5900 or [PublicAccess@police.wa.gov.au](mailto:PublicAccess@police.wa.gov.au)

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	
FEE: \$54.40	

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"/>	Lodged in person at the Office of Information Management, or by post to <b>LOCKED BAG 20, PERTH BUSINESS CENTRE WA 6849.</b>

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