



DELAWARE RIVER AND BAY AUTHORITY POLICE
TRAFFIC COLLISION REPORT REQUEST

In most cases reports are ready for release within 7-10 business days.

Driver/Vehicle Operator Information

Name: _____

Address: _____

City: _____ State: _____

License Number/State: _____ Phone () _____

Vehicle Information

Tag Number: _____ State: _____

Year: _____ Make: _____

Model: _____ Color: _____

Insurance Company: _____

Policy Number: _____

Vehicle Owner Information

Name: _____

Address: _____

City: _____ State: _____

Phone: () _____

Collision Information

Date: _____ Time: _____ am/pm

Location: _____

Complaint Number: _____

Investigating Officer: _____

**I prefer my report be Emailed to : _____ OR Mailed

REQUESTOR:

Copies of collision reports are \$25.00 each and fatality collision reports are \$60.00 each.

****Fees must be received in advance by certified check, money order, or a business check payable to the Delaware River and Bay Authority. No personal checks or credit card payment accepted.**

You or your insurance company may submit this request along with your payment to:

**Delaware River and Bay Authority Police Department
Attn: Records Unit
P. O. Box 71
New Castle, DE 19720.**

Should you have any questions concerning the collision report, call (302) 571-6495 or email policerecords@drba.net.