

Colorado Springs Police Department

Traffic Accident Report Request

PLEASE PRINT CLEARLY TO AVOID ANY DELAYS IN PROCESSING YOUR REQUEST

Please note that the Colorado Springs Police Department only maintains traffic accident reports from the year 2002 through the present. Additionally, accidents that are "cold reported" (*traffic accident reports filled out by citizens as opposed to an officer*) are not maintained by the Colorado Springs Police Department. If you need a copy of a traffic accident report and it is older than 2002 or is a "cold report" please contact the Colorado Department of Motor Vehicles at (303)-205-5793. You may also check the Colorado State website at www.colorado.gov for the current Fee Schedule to determine the cost of obtaining a copy of the accident report and to download the necessary request forms.

COST

The minimum fee is \$6.00. If the report is more than five (5) pages in length you may be charged an additional \$0.25 per page. If there are additional fees you will be contacted by a CSPD Record Release Unit representative. For any questions concerning costs please consult the published Schedule of Fees available at www.springsgov.com or contact the Records & ID Section at 719-444-7521. We accept money orders or personal checks. Please do not enclose cash. Please make checks payable to the "City of Colorado Springs".

REQUEST INFORMATION

Primary Search Information		Alternate Search Information		
Accident Report Number		Date of Accident		
Driver's Name		Time of Accident		
Date of Request		Location of Accident		
Time of Request		Name of Driver	DOB	
IMPORTANT - PLEASE READ If you do not know the accident report number or it is unknown, please provide as much information of the Alternate Search information as possible. This will aid the Records Release Personnel in locating your requested information.		Name of Driver	DOB	
		Name of Pedestrian	DOB	
		Other		

MAILING INFORMATION

Please Mail Completed Form & Fee To:	Address You Want the Report Mailed To:	
Colorado Springs Police Department Attn: Records Release Unit – Records & ID Section 705 South Nevada Avenue Colorado Springs, CO 80903	Name	
	Address	
	City, State, Zip	
	Phone Number	
	<input type="checkbox"/> Check Here If You Would Like Your Request E-mailed To You.	Email

AFFIRMATION & CERTIFICATION

In The Area Above Please Include Any Information You Believe Will Help in Locating Your Report

I hereby certify by affixing my legal signature to this form that any records I obtain as part of this request are for my personal use only and are used only to help me adequately protect myself and/or my family. I further affirm that I will not use any information obtained from this request to inflict retribution, harass, endanger, intimidate, threaten, or otherwise further punish those persons listed in the report under penalty of law.

I hereby verify by affixing my legal signature to this form that any record(s) I obtain will not be used for direct solicitation of any business for pecuniary (financial) gain pursuant Colorado Revised Statute 24-72-305.5

Signature	Printed Name	Date
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