



### Criminal and Crash Report Request Form

Pursuant to the West Virginia Freedom of Information Act §29B-1 et seq.

<b>REQUESTOR INFORMATION</b>	
Name: _____	Email: _____
Address: _____	Telephone: _____
City: _____	Fax: _____
State: _____	Zip: _____

<p align="center"><b>CRIMINAL REPORT</b></p> <p>Date of Crime: _____</p> <p>Type of Crime: _____</p> <p>Location: _____</p> <p>Victim(s): _____</p> <p>CI Report # _____</p>	<p align="center"><b>VEHICLE CRASH REPORT</b></p> <p>Date of Crash: _____</p> <p>Location: _____</p> <p>Driver(s): _____</p> <p>Crash Report #: _____</p>
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Fee Schedule for Reconstructed Crash Reports ONLY		
Date of Original Crash: _____	Reconstructed Report:	\$500.00 x _____
Original Crash Report #: _____	Reconstructed Report Certified:	\$505.00 x _____
	Reconstructed Report Fax:	\$505.00 x _____

**FEE SCHEDULE**

Crime or Vehicle Crash Report Mail	\$20.00 x _____		
Crash Reports ONLY	Mail	Email	Video/Audio Tapes: \$50.00 x _____
Certified Vehicle Crash Report	\$25.00 x _____		Set of Photographs (up to 12): \$25.00 x _____
Vehicle Crash Report ONLY—Fax	\$25.00 x _____		Each add'l set of photos (up to 12): \$25.00 x _____

*These fees are for reports of 50 pages or less in length. An additional copy fee of \$1.00 per sheet will apply after 50 pages.*

**Total Submitted: \$** \_\_\_\_\_ DO NOT SEND CASH, PERSONAL CHECKS, OR BUSINESS STARTER CHECKS  
NON-REFUNDABLE FEE FOR ACTUAL REPORT

Make certified check, business check, or money orders payable to: Superintendent, West Virginia State Police

Credit Card Payments (can not accept AMEX): Credit Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Send to the appropriate methods listed below, including payment and a self-addressed envelope

<p><b>For Criminal Reports:</b> West Virginia State Police Criminal Investigation Reports 701 Jefferson Road South Charleston, WV 25309 Phone: (304) 746-2499 Fax: (304) 746-2437 Email: wvsp.cireports@wvsp.gov</p>	<p><b>For Crash Reports:</b> West Virginia State Police Traffic Records Section 701 Jefferson Road South Charleston, WV 25309 Phone: (304) 746-2128 Fax: (304) 746-2206 Email: wvsp.crashreports@wvsp.gov</p>
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Your request could not be processed due to the following:	
_____	No fee/incorrect fee enclosed. See above Fee Schedule
_____	Check or Money Order is incomplete. Please correct and resubmit.
_____	Incomplete information submitted. Please include highlighted items upon submission.
_____	No report could be found based on the information provided
_____	No Photos Available _____ No Video/Audio Available