



METROPOLITAN POLICE DEPARTMENT
FREEDOM OF INFORMATION ACT (FOIA) OFFICE
300 Indiana Avenue, NW, Room 4153
Washington, DC 20001



APPLICATION FOR PD FORM 10 ACCIDENT REPORT

PART I: APPLICANT INFORMATION		
1. Applicant's Name:		2. Applicant's Telephone Number: ()
3. Applicant's Address (Do not use P.O. Box):		
4. City	5. State	6. Zip Code
7. Applicant's E-mail Address (optional):		8. Applicant's Fax Number (optional):
PART II: ACCIDENT INFORMATION		
To ensure that you receive the correct report, please provide as much information as available.		
9. Name of Driver of Applicant's Vehicle:		10. Applicant's Position in Vehicle: ☐ Driver ☐ Passenger and/or ☐ Owner of Vehicle
11. Date of Accident:		12. Time of Accident:
13. Location of Accident:		
14. Central Complaint Number (CCN):		
PART III: REQUIRED DOCUMENTS		
15. If you are the:	Please bring with you or attach the following documents to your application:	
☐ Applicant	• A government-issued photographic identification (e.g., a driver's license, passport, U.S. Permanent Resident Card or military identification)	
☐ Attorney/Investigator for the Applicant	• A government-issued photographic identification (e.g., a driver's license, passport, U.S. Permanent Resident Card or military identification) of the attorney, investigator, and/or their agent; AND a • Signed retainer agreement between the attorney/investigator and his/her client(s); OR • A notarized document from the Applicant stating that the PD-10 is being requested in anticipation of or for pending litigation involving the motor vehicle accident which is the subject of the PD-10 and authorizing the attorney, the investigator, and/or their agent to obtain the PD-10 on behalf of the Applicant.	
☐ Non-attorney agent for the Applicant	• A government-issued photographic identification (e.g., a driver's license, passport, U.S. Permanent Resident Card or military identification) of the agent; AND a • Notarized document from the Applicant authorizing the agent to obtain the PD-10 on behalf of the Applicant.	
PART IV: SIGNATURE		
16. I certify that I have read this application and know and understand its content; all information herein is true and accurate. I understand that it is unlawful to willingly make a false statement or knowingly use any requested document for purposes other than those stated in this application and doing so is subject to criminal sanctions. D.C. Official Code § 22-2405.		
Printed Name and Signature of Applicant or Authorized Agent		Date
PART V: MPD USE ONLY		
17. Received by (print name):		18. CAD:
19. Signature:		20. Date Received: