



TRAFFIC COLLISIONS ONLY
CIVIL ACTION - Request for Police Collision Accident Report Book (CARB)

Please send completed form to: Met Prosecutions | PO Box 510 | DA15 0BQ |

| | | | |
|--|--|---|-------------------------------|
| Information Required (Please check) | <input type="checkbox"/> Police Report | <input type="checkbox"/> Additional Information | <input type="checkbox"/> CCTV |
|--|--|---|-------------------------------|

If you have a Traffic Case Reference Number, please send a payment of:

POLICE REPORT – BASIC £ 175.20
 (Up to 25 pages of a single Evidence or Action Book. This fee is non-refundable if the work has been completed)
 Payment must be in pound sterling. We only accept cheques made payable to the 'Mayor's Office for Policing and Crime (MOPAC)'

ADDITIONAL INFORMATION – Having already received the Police Report, you can, if available, request any further information. The fee to release this information will be costed by the case manager who will advise you via email. Please make sure you supply a valid email address in order that we may contact you.

CCTV – Permission is needed from the holder/owner of any available CCTV footage before it can be released. The Case Manager will contact you, via email, to advise you on this process and any associated fees.

General Fees and Charges are available from our website : www.met.police.uk

If you do not have a Traffic Case Reference do not use this form.
Please use form 518A - Request a search for a Traffic Case Reference number.

This section must be completed

Traffic Case Reference Number:
 (This should be obtained from your client)

(Format of Traffic Case Ref number
 XX/0000000/YEAR or
 XX/000000000/YEAR)

Payment must be included when submitting this form. Forms without payment or reference will be returned.
Please send completed form and payment to: Met Operations, Met Prosecutions, PO Box 510, DA15 0BQ

These Details are Also Required

| | |
|--|-------------------------|
| Insurance / Solicitor's Name: | |
| Insurance / Solicitor's Contact Number: | |
| Email address: | |
| Insurance /Solicitor's Return Address: (please note this will be where the TPD/Report is sent) | |
| Return Address Postcode: | |
| Your Reference Number: | |
| <u>Date</u> and <u>time</u> of Incident: | (Mandatory) |
| <u>Location</u> and <u>postcode</u> of Incident: | (Mandatory) |
| State if any injuries occurred as a result of the collision: | If Yes, state injuries: |
| Client's Full Name: | |
| Driver's Name if different from above: (if applicable) | |
| Vehicle Registration Number(s): (if applicable) | |

By completing and signing this form you are confirming that you require the information for insurance claims or civil proceedings. If it is not signed it will be returned to you.

| | |
|----------------|--------------|
| Name: | |
| Signed: | Date: |