



**TRAFFIC COLLISIONS ONLY**  
**CIVIL ACTION - Request to search for a Traffic Case Reference number**

**Do not complete this form if you already have a Traffic Case Reference.**

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

Information Required (Please check)	<input type="checkbox"/> Search for Traffic Case Reference number
<b>SEARCH FOR TRAFFIC CASE REFERENCE NUMBER £ 32.40</b> (This charge is not deducted from the cost of the basic report or Self report at a later date and is non refundable) Payment must be in pound sterling. We only accept cheques made payable to the 'Mayor's Office for Policing and Crime (MOPAC)' <b>General Fees and Charges are available from our website along with this form: <a href="http://www.met.police.uk">www.met.police.uk</a></b>	

**This form should only be used if requiring a search for Traffic Case Reference Number.**  
**If you require a copy of a Police Collision Accident Report (Form 518), 3rd party details (Form 519), Self-Report form (Form 521) or would like to request an Officer interview (Form 522), please complete the relevant form.**  
**These can also be found on our website: [www.met.police.uk](http://www.met.police.uk)**

**These Details are Required in ALL Cases**  
 If we trace this incident you will be advised of the Traffic Case Reference Number

CAD Number: (if applicable)	
Insurance / Solicitor's Name:	
Insurance / Solicitor's Contact Number:	
Email address:	
Insurance /Solicitor's Return Address: <small>(please note this is where the police ref number will be sent if traced)</small>	
Return Address Postcode:	
Your Reference Number:	
<u>Date and time</u> of Incident: <span style="color: blue;">(Mandatory)</span>	
<u>Location</u> and <u>postcode</u> of Incident: <span style="color: blue;">(Mandatory)</span>	
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:	

**Please send completed form to Met Prosecutions, PO Box 510, DA15 0BQ**