

**Please complete and sign this form**

**CERTIFIED CHECK or MONEY ORDER**  
for \$12.00 made payable to:

**LexisNexis Risk Solutions**

*(NO personal checks accepted)*

Mail your request and payment to:

**LexisNexis Coplogic Solutions, Inc.  
15 Industrial Drive  
Martinsville, IN 46151**

**Preferred Method of Delivery (select one)**

- US Mail** *(For US Mail, please include a self-addressed, stamped envelope with your request)*
- Email** \_\_\_\_\_
- Fax** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Crash Information**

Name of a driver \_\_\_\_\_ Date of Crash \_\_\_\_/\_\_\_\_/\_\_\_\_

Report# \_\_\_\_\_

Agency \_\_\_\_\_

City/Town \_\_\_\_\_

County \_\_\_\_\_

**Requester Information**

Name (Individual or Organization) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_