

**PENNSYLVANIA CHILD DEATH REVIEW  
TRAFFIC ACCIDENT REPORT REQUEST FORM**

PLEASE FILL OUT THE INFORMATION BELOW AND FAX BACK TO THE PAAAP OFFICE.

To: Child Death Review

Fax: (484)446-3255

From: \_\_\_\_\_

Date: \_\_\_\_\_

County CDR Team: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Requesting Traffic Accident Report information for the following children:**

1. Name \_\_\_\_\_ Date of Injury \_\_\_\_\_ Age \_\_\_\_\_

DC# \_\_\_\_\_ Date of Death \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Injury \_\_\_\_\_ Age \_\_\_\_\_

DC# \_\_\_\_\_ Date of Death \_\_\_\_\_

3. Name \_\_\_\_\_ Date of Injury \_\_\_\_\_ Age \_\_\_\_\_

DC# \_\_\_\_\_ Date of Death \_\_\_\_\_

4. Name \_\_\_\_\_ Date of Injury \_\_\_\_\_ Age \_\_\_\_\_

DC# \_\_\_\_\_ Date of Death \_\_\_\_\_

5. Name \_\_\_\_\_ Date of Injury \_\_\_\_\_ Age \_\_\_\_\_

DC# \_\_\_\_\_ Date of Death \_\_\_\_\_

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