



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

APPLICATION DATE: _____

POLICE / ACCIDENT REPORT REQUEST APPLICATION

Date: ___/___/___

Name: _____ Email: _____

Phone: _____

Company/Organization: _____

Address: _____

Do you want a copy of the document? Yes. (fees apply) Yes. Certified document? (fees apply)
 No, I wish to inspect the document.

Type of document/report? Accident Report. (\$6.00 per crash report)
 Other. (10¢ per page for first 50 pages)

Are you requesting any and all documents, including those that may meet an exception from disclosure under the Public Information Act (PIA)?:

- Only publicly available documents.
- Any and all documents (including confidential information).
(NOTE: "Any and all documents" option may require an Attorney General ruling.)

Name of document: _____

Date and time of incident or inclusive dates of document: _____

Address or Location of Incident:

Incident number, if known: _____

Name(s) of party(s) involved: _____

Relationship to party(s) involved (use only for accident report requests):

- I am the driver or any other person involved in the accident.
- I am the employer, parent or legal guardian of the driver involved in the accident.
- I am the authorized representative and my client was involved in the accident.
- I am the owner of a vehicle or property damaged in the accident.
- I am the person who has established financial responsibility for a vehicle involved in the accident.
- I am currently an employee of an insurance company that issued an insurance policy covering a vehicle or any person involved in the accident.
- I am currently a person under contract to provide claims or underwriting information to any person involved in the accident.
- I am currently an employee of a radio or television station licensed by the FCC.

- I am currently an employee of a newspaper that qualifies to publish legal notices and is at least published once a week.
- I am a person or entity who may sue because of death resulting from the accident.
- I do not fall within any of the above categories and am requesting a redacted crash report.

Note: The above must be obtained in order to determine if you are entitled to a full and complete crash report in accordance with Texas Transportation Code, Section 550.065(c)(4). Persons or entities not listed under Section 550.065(c)(4) may only be entitled to a redacted report in accordance with Section 550.065(f)(2).

Note: Your signature declares that the foregoing is true and correct. Perjury is punishable by law in accordance with Texas Penal Code, Section 37.02.

Date: _____

Signature: _____

Print Name: _____

<u>OFFICE USE ONLY:</u>
