



# SEAGOVILLE POLICE DEPARTMENT CRASH REPORT REQUEST



CHECK SERVICE REQUESTED:

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

\_\_\_\_\_ Copy of Police-Officer's Crash Report \$6.00

\_\_\_\_\_ Certified Copy of Police Officer's Crash Report \$7.00

1. Date and time (if known) of accident \_\_\_\_\_

*(Fecha y hora)*

2. Location of accident (as specific as possible) \_\_\_\_\_

*(Dirección de accidente)*

3. Name of any person involved: \_\_\_\_\_

*(Nombre de la persona involucrada)*

Incident number: \_\_\_\_\_ (if known) Transportation Code Sec. 550.065 requires identification of the requestor:

*(Número de incidentes)*

Name of person requesting report: \_\_\_\_\_

*(Su nombre)*

Please print *(Por favor, escriba)*

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

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

<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist
<input type="checkbox"/> Passenger	<input type="checkbox"/> Employer of driver	<input type="checkbox"/> Parent / legal guardian of driver
<input type="checkbox"/> Owner of vehicle or property damaged	<input type="checkbox"/> Policyholder of vehicle	<input type="checkbox"/> Insurance company of vehicle or person involved
<input type="checkbox"/> Courier service for insurance company	<input type="checkbox"/> Radio / television station (FCC licensed)	<input type="checkbox"/> Newspaper (qualified to Publish legal notices)
<input type="checkbox"/> Legal representative of:		<input type="checkbox"/> Other (will receive redacted Report)

The Seagoville Police Department adheres to the requirements of the Chapter 550 of the Texas Transportation Code regarding the release of crash report information and any fees charged. Upon request, the Seagoville PD Records Section can provide you with a copy of the Texas Transportation Code requirements. If you have additional questions, please speak with a Supervisor.

### Pursuant to Sec. 550.065 "Release of Certain Information Relating to Accidents"

To obtain a copy of a Crash Report:

1. Request is made in writing.
2. Requestor provides Agency with required identification.
3. The fee for a copy of an accident report is \$6.00.
4. Certification of the accident report is an additional fee of \$1.00.
5. Agency Certification that no accident report or information exists in its files is \$5.00

**WARNING:** Under Section 730.015 of the Transportation Code, a person who requests the disclosure of personal information from an agency's records under this chapter and misrepresents the person's identity or who makes a false statement to the agency on an application required by the agency under this chapter commits a Class A misdemeanor.

#### Records Department Use Only:

Received by: \_\_\_\_\_ Date : \_\_\_\_\_ Released by: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition Information: \_\_\_\_\_