

ANGLETON 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 \$8.00

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)
(Número de incidentes)

Transportation Code Sec. 550.065 requires identification of the requestor:

Name of person requesting report: _____
(Su nombre) Please print *(Por favor, escriba)*

Driver of vehicle in accident	Person injured in accident	Parent/Legal guardian of minor injured in accident
Passenger of vehicle in accident	Employer of driver	Parent / legal guardian of driver
Owner of vehicle or property damaged	Policyholder of vehicle	Insurance company of vehicle or person involved
Courier or contract service for insurance company	Radio / television station (FCC licensed)	Newspaper (qualified to Publish legal notices)
Legal or authorized representative of any person involved in accident		Other (will receive redacted Report)

Pursuant to V.T.C.A., Transportation Code § 730.015 "Penalty for False Representation"

(a) 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 an offense.

(b) An offense under Subsection (a) is a Class A misdemeanor.

I certify that the information provided on this document is true and correct.

Requestor

Street Address

Telephone Number

City, State, and Zip

Records Department Use Only:

Incident #:	Date Provided:	Records Assistant:
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