



LITTLE ELM POLICE DEPARTMENT CRASH REPORT REQUEST

CHECK SERVICE REQUESTED: _____ Date: _____

_____ Copy of Peace Officer's Crash Report (CR-3) \$6.00

_____ Certified Copy of Peace Officer's Crash Report (CR-3) \$8.00

The Little Elm Police Department adheres to the requirements of Chapter 550 of the Texas Transportation Code regarding the release of crash report information and any fees charged.

A. To assist the Little Elm Police Department to locate the report you are requesting, please provide the following information:

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)

B. Transportation Code Sec. 550.065(c) regulates the release of a crash report. Please provide your name and indicate the nature of your involvement or interest in the request crash report:

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

2. Address: _____ 3. Phone Number: _____
(Su dirección) *(numero de telefono)*

4. Involvement/Interest in crash report (you must check one for a full copy of report):

<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 / person with financial responsibility for vehicle	<input type="checkbox"/> Insurance company for vehicle or person involved
<input type="checkbox"/> Courier service for insurance company	<input type="checkbox"/> Radio / television station that holds FCC license	<input type="checkbox"/> Newspaper (qualified under Section 550.065(c)(4)(K))
<input type="checkbox"/> Legal representative of:	<input type="checkbox"/> Other person concerned or having proper interest in accident	<input type="checkbox"/> None of the above (will receive redacted Report)

My name is _____, my date of birth is _____, and my address is _____, USA. I declare under penalty of perjury that the foregoing is true and correct. Executed in _____ County, State of _____, on the ____ day of _____, 20__.

Signature

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
4. Certification of the accident report is an additional fee of \$2

Records Division Use Only: Incident #: _____ Receipt #: _____ Records Personnel Initials: _____