

## COLLEGE STATION 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 College Station 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.

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)*
4. Report/Incident number: \_\_\_\_\_ (if known)  
*(Número de incidentes)*

Texas Transportation Code Sec. 550.065 requires identification of the requestor, as related to the requested Peace Officer's Crash Report:

Name and capacity of person requesting report: \_\_\_\_\_  
*(Su nombre)* Please print *(Por favor, escriba)*

<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedal cyclist / Bicyclist
<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)

**WARNING: UNDER SECTION §730.015 OF THE TEXAS 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.**

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 must be made in writing.
2. Requestor must provide 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.