



# BRAZORIA 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)*

<input type="checkbox"/> Driver of vehicle in accident	<input type="checkbox"/> Person injured in accident	<input type="checkbox"/> Parent/Legal guardian of minor injured in accident
<input type="checkbox"/> Passenger of vehicle in accident	<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 or contract 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 or authorized representative of any person involved in accident	<input type="checkbox"/> 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:**

<b>Incident #:</b> _____	<b>Date Provided:</b> _____	<b>Records Assistant:</b> _____
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