

## Houston Police Department Crash Report Request Form

Date and time of accident (if known): \_\_\_\_\_

Location of accident (if known): \_\_\_\_\_

Name of any person involved (if known): \_\_\_\_\_

Incident case number (if known): \_\_\_\_\_

The Houston Police Department must obtain the following information in order to determine if you are entitled to a full and complete crash report in accordance with Texas Transportation Code section 550.065(c) (4), effective June 18, 2015. Any person or entity not listed under section 550.065(c)(4) may only receive a crash report with redactions made in accordance with section 550.065(f)(2).

**Please select which of the listed items below apply to you with respect to the crash report you are requesting. Please be prepared to provide a valid government issued identification card, drivers' license, and/or other documentation.**

<input type="checkbox"/>	I am a person involved in the accident (driver, passenger, motorcyclist, cyclist, pedestrian)
<input type="checkbox"/>	I am the legal/authorized representative of a person involved in the accident.  Please list name of your law firm and name of client:
<input type="checkbox"/>	I am an employer of a person involved in the accident  Please list company name and name of employee:
<input type="checkbox"/>	I am a parent/legal guardian of a driver involved in the accident
<input type="checkbox"/>	I am the owner of a vehicle/property damaged in the accident.  Please provide basic vehicle or property description:
<input type="checkbox"/>	I am a policyholder or a person who has established financial responsibility for a vehicle involved in the accident
<input type="checkbox"/>	I am an insurance company covering a person/vehicle involved in the accident  Please list name of insurance company:
<input type="checkbox"/>	I am a courier service for an insurance company covering a person/vehicle involved in the accident  Please list name of insurance company:
<input type="checkbox"/>	I am a person under contract to provide claims or underwriting information to an insurance company covering a person/vehicle involved in the accident.  Please list name of insurance company:
<input type="checkbox"/>	I am a radio/television station that holds an FCC license  Please list name of radio/television station:
<input type="checkbox"/>	I am a newspaper (qualified to publish legal notices)  Please list name of newspaper:
<input type="checkbox"/>	I am a person or entity that may sue because of death resulting from the accident.
<input type="checkbox"/>	I do not fall within any of the above categories. I am requesting a redacted crash report

Name of requestor: \_\_\_\_\_  
Please print

Identification No. \_\_\_\_\_  
E.g. drivers' license, ID, passport no.

**Perjury is a Class A misdemeanor under Section 37.02 of the Texas Penal Code and is punishable by a fine not to exceed \$4,000, up to a year confinement in jail, or both.**

I declare under penalty of perjury that the foregoing answers are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date