

# Forney Police Department Crash Report Request

1. Date and time of accident (if known): \_\_\_\_\_
2. Location of accident (if known): \_\_\_\_\_
3. Name of any person involved (if known): \_\_\_\_\_
4. Incident case number (if known): \_\_\_\_\_

**The Forney 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 §550.065(c)(4), effective 6/18/2015.**

**Persons or entities not listed under §550.065(c)(4) may only receive a crash report with redactions made in accordance with §550.065(f)(2).**

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

<input type="checkbox"/>	I am the driver or any other person involved in the accident.
<input type="checkbox"/>	I am the authorized representative of any person involved in the accident.  Please list name of your client:
<input type="checkbox"/>	I am the employer, parent, or legal guardian of a driver involved in the accident.  Please list name of driver:
<input type="checkbox"/>	I am the owner of a vehicle or property damaged in the accident.  Please provide basic vehicle or property description:
<input type="checkbox"/>	I am a person who has established financial responsibility for a vehicle involved in the accident.
<input type="checkbox"/>	I am currently a representative or employee of an insurance company that issued an insurance policy covering a vehicle or any person involved in the accident.
<input type="checkbox"/>	I am currently a person under contract to provide claims or underwriting information to a person or entity described in the preceding two items.
<input type="checkbox"/>	I am currently a representative or employee of a radio station, television, or newspaper.
<input type="checkbox"/>	I am a person or entity who 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.

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Executed in Kaufman County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

**Pursuant to Sec. 550.065 "Release of Certain Information Relating to Accidents"**

To obtain a copy of Crash Report:

1. Request is made in writing
2. The fee for a copy of a Crash Report is \$6
3. The fee for a Certified Copy of a Crash Report is \$8

Records Division Use Only: Report # \_\_\_\_\_ Records Personnel Initials: \_\_\_\_\_