



CRASH REPORT REQUEST

Portland Police Department
1902 Billy G Webb Dr.
Portland, TX 78374
361-777-4444 (361)777-4445 (Fax)
www.portlandtx.com

UNDER THE TEXAS PUBLIC INFORMATION ACT A PERSON MUST SUBMIT A WRITTEN REQUEST. IN MOST CASES A REQUEST IS PROCESSED AT THE TIME IT IS RECEIVED. VARIOUS FACTORS MAY AFFECT PROCESSING TIME. IF YOUR REQUEST CANNOT BE MET WITHIN TEN (10) BUSINESS DAYS (excluding weekends and holidays) YOU WILL BE NOTIFIED WITH A REASONABLE DATE OF EXPECTANCY.

REQUESTOR

SELECT PREFERRED CONTACT METHOD: PHONE EMAIL MAIL

NAME: _____ DATE: _____ TIME: _____

(Print-name of party making request)

BUSINESS NAME: (If applicable) _____

ADDRESS: _____ CITY: _____ ST _____ ZIP: _____

PHONE: _____ EMAIL (optional): _____

COSTS & ORDERING

(Cash-in person only / Check / Money Order)

Regular copy \$6.00 Certified Copy \$8.00 Non-Reportable-Incident Only (private property)

DELIVERY PROCESS: Pick Up or Mail – Standard postage fees apply or include a self-addressed stamped envelope.

REQUIRED INFORMATION

The following information must be obtained 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, 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 damage in the accident. Please provide basic vehicle/property description: _____
<input type="checkbox"/>	I 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.

Texas Law Requires two (2) or more of the following: **CASE #** (If available): _____ **DATE:** _____

LOCATION: _____ **PERSON(S) INVOLVED:** _____

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 the City of _____, _____ County, State of _____, on the _____ day of _____, _____.

OFFICE USE ONLY

Payment: _____ Completed By: _____

Date: _____

Signature

(8/1/16)