

**REQUEST FOR COPY OF PEACE OFFICER'S ACCIDENT REPORT****(Please Submit in Duplicate)**

(Mail To: Accident Records Bureau, Texas Department of Public Safety, P.O. Box 15999, Austin, Texas 78761-5999)

**MAKE CHECK OR M.O. PAYABLE TO : TEXAS DEPARTMENT OF PUBLIC SAFETY**

CHECK TYPE OF SERVICE DESIRED:

 Copy of Peace Officer's Accident Report - \$6.00 each Certified Copy of Peace Officer's Accident Report - \$8.00 each

DATE OF REQUEST \_\_\_\_\_

CLAIM OR POLICY NO. \_\_\_\_\_

Transportation Code, Sec.550.065. **RELEASE OF ACCIDENT REPORTS.** (b) Except as provided by Subsection (c), an accident report held by the department is privileged and for the confidential use of: the department; and an agency of the United States, this state, or a local government of this state having use for the report for accident prevention purposes. (c) allows release of an accident report on written request and payment of required fee: (4) a person who provides the department or law enforcement agency with two or more of the following: date of the accident; the name of any person involved; the specific location of the accident.

**PLEASE PROVIDE AS ACCURATE AND COMPLETE INFORMATION AS POSSIBLE.**

ACCIDENT DATE

MONTH	DAY	YEAR
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ACCIDENT LOCATION

COUNTY

CITY

STREET OR HIGHWAY

WAS ANYONE

KILLED IN THE ACCIDENT?

If so, name of one deceased

INVESTIGATING AGENCY AND/OR OFFICER'S NAME (IF KNOWN)

DRIVER'S FULL NAME	DRIVER INFORMATION (if available)		ADDRESS (if available)
	DATE OF BIRTH	TEXAS DL NUMBER	

PASSENGER'S FULL NAME	PEDESTRIAN or PEDALCYCLIST (if available)	ADDRESS (if available)

- Texas Statute allows the investigating officer 10 days in which to submit his/her report.
- Requests should not be submitted until at least 10 days after the accident date to allow time for receipt of the report.
- The Law also provides that if an officer's report is not on file when a request for a copy of such report is received, a certification to that effect will be provided in lieu of the copy and the fee shall be retained for the certification.

Mail to	_____
Mailing address	_____
City	_____ State _____ Zip _____
Requested by	_____ Phone # _____

**FOR DPS USE ONLY -**

Date Received \_\_\_\_\_ Receipt No. \_\_\_\_\_ Clerk \_\_\_\_\_

 Report Sent Date \_\_\_\_\_ Clerk \_\_\_\_\_ Report not on file Date Searched \_\_\_\_\_ Clerk \_\_\_\_\_