



Tracking Number

**Burleson Police Department
Request for Crash Report**

Date: _____

Fee: \$6.00 Per Copy

Requestor (Please Print): _____

To receive a copy of a crash report you MUST provide at least two (2) of the following items:

Name of (any) person involved: _____

Date of Crash: _____ Report #: _____

Location of Accident: _____

And how are you affiliated to the accident?

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- _____ A driver in the accident
 - _____ Any other person involved in the accident
 - _____ An attorney for anyone involved in the accident
 - _____ Government agency
 - _____ An employer, parent, or legal guardian of a driver in an accident
 - _____ An owner or the vehicle or property damaged in the accident
 - _____ Insurance policy holder covering a vehicle in the accident
 - _____ Insurance company covering a vehicle in the accident
 - _____ Insurance company covering a person in the accident
 - _____ Claims worker for an insurance company
 - _____ A radio or TV station holding an FCC license
 - _____ A free newspaper in certain situations
 - _____ Any person who may sue because of death in the accident
 - _____ Other, explain relation _____

If you did not indicate that you meet the qualifications of Texas Transportation Code 550.065 (c)(4) by either checking a qualification listed above or providing sufficient justification for your qualification, then a redacted copy will be provided.

I understand that the publication of personal information from motor vehicle records on the internet is prohibited by law. I certify that I will not disseminate or publish or allow another to disseminate or publish the personal information contained in this report on the internet.

Signature of Requestor: _____