



# FRISCO POLICE DEPARTMENT CRASH REPORT REQUEST



CHECK SERVICE REQUESTED:

Date: \_\_\_\_\_

- \_\_\_\_\_ Copy of Peace Officer's Crash Report (CR-3) \$6.00
- \_\_\_\_\_ Certified Copy of Peace Officer's Crash Report (CR-3) \$8.00

The Frisco Police Department adheres to the requirements of Chapter 550 of the Texas Transportation Code regarding the release of crash report information and any fees charged.

1. Date and time (if known) of crash \_\_\_\_\_  
*(Fecha y hora)*

2. Location of crash (as specific as possible) \_\_\_\_\_  
*(Dirección de accidente)*

3. Name of any person involved: \_\_\_\_\_  
*(Nombre de la persona involucrada)*

Incident number: \_\_\_\_\_ (if known)  
*(Número de incidentes)*

Transportation Code Sec. 550.065 requires identification of the requestor:

Name of person requesting report: \_\_\_\_\_  
*(Su nombre)* Please print *(Por favor, escriba)*

<input type="checkbox"/> Person involved in crash / authorized representative of person involved in accident	<input type="checkbox"/> Employer of Driver	<input type="checkbox"/> Parent/Legal Guardian of driver
<input type="checkbox"/> Owner of vehicle or property damaged in crash	<input type="checkbox"/> Policyholder / person with financial responsibility for vehicle	<input type="checkbox"/> Insurance company for vehicle or person involved
<input type="checkbox"/> Person under contract to provide claims or underwriting information for vehicle or person involved	<input type="checkbox"/> Radio / television station that holds FCC license	<input type="checkbox"/> Newspaper (qualified under Section 550.065(c)(4)(K))
<input type="checkbox"/> Person who may sue because of death resulting from crash	<input type="checkbox"/> Law enforcement agency (qualified under Section 550.065(c)(2))	<input type="checkbox"/> None of the above (will receive redacted Report)

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_, and my address is \_\_\_\_\_, USA. I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

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

To obtain a copy of a Crash Report:

1. Request is made in writing
2. The fee for a copy of an crash report is \$6
3. Certification of the crash report is an additional fee of \$2

Records Division Use Only: Incident #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Records Personnel Initials: \_\_\_\_\_