



LEWISVILLE 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 Lewisville 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. To obtain the requested report, you must submit this form.

A. To assist the Lewisville Police Department in locating the report you request, please provide the following information:

1. Date and time(if known) of accident _____
(*Fecha y hora*)
2. Location of accident(as specific as possible) _____
(*Dirección de accidente*)
3. Name of any person involved: _____
(*Nombre de la persona involucrada*)
4. Incident number: _____ (if known)
(*Número de incidentes*)

B. Transportation Code, Sec. 550. 065(c) regulates the release of a crash report. Please provide your name and indicate the nature of your involvement or interest in the requested crash report:

1. Name of person requesting report: _____
(*Su nombre*) Please print (*Por favor, imprima*)
2. Involvement/ Interest in crash report (you must check one for a full copy of report):

<input type="checkbox"/> Driver involved accident <i>Conductor implicado en accidente</i>	<input type="checkbox"/> Employer of driver involved in accident <i>Empleador de conductor implicado en accidente</i>	<input type="checkbox"/> A person suing due to death resulting from accident <i>Una persona que demanda debido a muerte que resulta del accidente</i>
<input type="checkbox"/> Another person involved in accident <i>Otra persona involucrada en accidente</i>	<input type="checkbox"/> Policyholder / Person financially responsible For vehicle involved in accident <i>Asegurado / persona con responsabilidad financiera para vehiculo involucrado en un accidente</i>	<input type="checkbox"/> Radio / Television station that holds An FCC license <i>Radio / estación de televisión que posee una licencia de FCC</i>
<input type="checkbox"/> Owner of vehicle or property damaged in Accident <i>Propietario del vehiculo o propiedad dañados en accidente</i>	<input type="checkbox"/> Insurance company for vehicle or person Involved in accident <i>Compañía de seguros para vehiculo o persona involucrada en accidente</i>	<input type="checkbox"/> Courier service for insurance Company entitled to crash report <i>Servicio de mensajería para compañía de seguros con derechos al reporte de accidente</i>
<input type="checkbox"/> Parent / legal guardian of driver Involved in accident <i>Padre / guardian legal de conductor implicado en accidente</i>	<input type="checkbox"/> Legal or authorized representative of any Person involved in accident <i>Representante legal o autorizado de cualquier persona involucrada en el accidente</i>	<input type="checkbox"/> None of the above (will receive Redacted crash report). <i>Ninguno de los susodichos (recibirá el informe del accidente redactado</i>

On this ____ day of _____, in the year _____, I certify that the preceding or attached document, is a true and correct copy of Crash Report # _____ presented to me by the document's custodian, _____

Name of Record's Clerk

on file with the Lewisville Police Department.

Sworn before me this ____ of _____, _____.
Day Month Year

Notary Public