



MOUNT PLEASANT POLICE DEPARTMENT CRASH REPORT REQUEST



Date: _____

Copy of Police-Officer's Crash Report \$6.00

First copy is complimentary to parties involved if requested within a month of accident date.

Reports can be picked up in person, emailed, or mailed. **MUST HAVE 2 PIECES OF 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)

Transportation Code Sec. 550.065 requires identification of the requestor:
Name of person requesting report: _____
(Su nombre) Please print

Phone Number: _____ Email/Mailing Address _____
(If you wish the report to be emailed or mailed to you)

<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedal cyclist
<input type="checkbox"/> Passenger	<input type="checkbox"/> Employer of driver	<input type="checkbox"/> Parent / legal guardian of driver
<input type="checkbox"/> Owner of vehicle or property damaged	<input type="checkbox"/> Policyholder of vehicle	<input type="checkbox"/> Insurance company of vehicle or person involved
<input type="checkbox"/> Courier service for insurance company	<input type="checkbox"/> Radio / television station (FCC licensed)	<input type="checkbox"/> Newspaper (qualified to publish legal notices)
<input type="checkbox"/> Legal representative of:		<input type="checkbox"/> Other (will receive redacted report)

The Mount Pleasant Police Department adheres to the requirements set forth by Chapter 550 of the Texas Transportation Code regarding the release of crash report information.

I declare under penalty of perjury that the foregoing is true and correct.

Signature

El Departamento de Policía de Mount Pleasant se adhiere a los requisitos establecidos por el Capítulo 550 del Código de Transportación de Texas con respecto a la publicación de información de reportes de accidente.

Declaro bajo pena de perjurio que lo anterior es verdadero y correcto.

Firma

Records Department Use Only:		
Incident #:	Date Given:	Personnel Initials: