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

<table>
<thead>
<tr>
<th>1. Date and time (if known) of accident</th>
<th>2. Location of accident (as specific as possible)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

| 3. Name of any person involved:            | 4. Incident number: ____________________ (if known) |
|                                          | (Número de la persona involucrada)                  |
|                                          | (Número de incidentes)                              |

Transportation Code Sec. 550.065 requires identification of the requestor:
Name of person requesting report: __________________________
(Su nombre)
Phone Number: ____________________ Email/Mailing Address __________________________
(If you wish the report to be emailed or mailed to you)

☐ Driver ☐ Pedestrian ☐ Pedal cyclist
☐ Passenger ☐ Employer of driver ☐ Parent / legal guardian of driver
☐ Owner of vehicle or property damaged ☐ Policyholder of vehicle ☐ Insurance company of vehicle or person involved
☐ Courier service for insurance company ☐ Radio / television station (FCC licensed) ☐ Newspaper (qualified to publish legal notices)
☐ Legal representative of: ________________________________________ ☐ 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:

<table>
<thead>
<tr>
<th>Incident #:</th>
<th>Date Given:</th>
<th>Personnel Initials:</th>
</tr>
</thead>
<tbody>
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