



CRASH REPORT REQUEST

Portland Police Department
1902 Billy G Webb Dr.
Portland, TX 78374
361-777-4444 (361)777-4445 (Fax)
www.portlandtx.gov

THE TEXAS PUBLIC INFORMATION ACT A PERSON MUST SUBMIT A WRITTEN REQUEST. IN MOST CASES A REQUEST IS PROCESSED AT THE TIME IT IS RECEIVED. VARIOUS FACTORS MAY AFFECT PROCESSING TIME. IF YOUR REQUEST CANNOT BE MET WITHIN TEN (10) BUSINESS DAYS (excluding weekends and holidays) YOU WILL BE NOTIFIED WITH A REASONABLE DATE OF EXPECTANCY.

CONTACT INFORMATION: Megan Davis, 361-777-4721, megan.davis@portlandtx.gov.

REQUESTOR

FULL NAME:
(Print Name of party making request)

DATE:

TIME:

BUSINESS NAME: (If making request OBO of Company:

ADDRESS:

CITY:

ST/ZIP:

PHONE:

EMAIL:

COSTS & ORDERING (Cash-in person only / Check / Money Order)

\$6.00 – Regular Copy \$8.00 Certified Copy (Used for Official/Legal Purposes)

NOTICE: Accidents on Private Property

Incident reports are created for information purposes only. Certain information is confidential under Section 552.130 and 552.136 of the Texas Govt. Code.

DELIVERY PROCESS: Email—payment is required Pick Up Mail—postage fees apply or include a self-addressed stamped envelope.

REQUIRED INFORMATION

The following information must be obtained in order to determine if you are entitled to a full and complete crash report in accordance with Texas Transportation Code §550.065(c)(4). Persons or entities not listed under §550.065(c)(4) may only receive a crash report with redactions made in accordance with §550.065(f)(2).

Please select which of the below listed items apply to you in relationship to the crash report you are requesting. Please be prepared to provide a valid government issued identification card, driver's license, and/or other documentation.

<input type="checkbox"/>	A. Any person involved in the accident
<input type="checkbox"/>	B. The authorized representative of any person involved in the accident. List name of client: _____
<input type="checkbox"/>	C. A driver involved in the accident
<input type="checkbox"/>	D. An employer, parent, legal guardian of a driver involved in the accident. List name of driver: _____
<input type="checkbox"/>	E. The owner of a vehicle or property damage in the accident.
<input type="checkbox"/>	F. A person who has established financial responsibility for a vehicle involved in the accident in a manner by TTC Section 601.501, including a policyholder of a motor vehicle liability insurance policy covering the vehicle.
<input type="checkbox"/>	G. An insurance company that issued an insurance policy covering a vehicle involved in the accident.
<input type="checkbox"/>	H. An insurance company that issued a policy covering any person involved in the accident.
<input type="checkbox"/>	I. A person under contract to provide claims or underwriting information to a person or entity described by (F) (G) or (H)
<input type="checkbox"/>	J. A radio or television station that holds a license issued by the FCC
<input type="checkbox"/>	K. A newspaper that is: (i) a free newspaper of general circulation under Section 2051.044, GC, to publish legal notices (ii) Published at least once a week; and (iii) Available and of interest to the general public in connection with the dissemination of news
<input type="checkbox"/>	L. Any person who may sue because of death resulting from the accident
<input type="checkbox"/>	M. An agency of the United States, this state (Texas), or a local government of this state (Texas)
<input type="checkbox"/>	I do not fall within any of the above categories. I am requesting a redacted crash report.

Please provide accurate and complete information: CASE#: _____ DATE of CRASH: _____

LOCATION: _____ DRIVER: _____ PASSENGER: _____

I, _____, certify that I meet the requirements of the Texas Transportation Code 550.065c4 to obtain a copy of the of the requested crash report based on the above selected qualifications.

** Providing false information on this government record is a violation of Texas Penal Code 37.10 and could result in criminal penalties.

OFFICE USE ONLY

Received Date: _____ Received by: _____

Complete Date: _____ Completed by: _____

Payment: Cash _____ CC _____ CK# _____ MO# _____

Signature _____