

ARLINGTON POLICE DEPARTMENT

REQUEST FOR ACCIDENT/CRASH REPORT (CR-3)

Individual Name or Requesting Company

Email Address

Date Requested

Street Address

City

Zip Code

Phone Number

Texas Transportation Code §550.065(c) allows for the release of a crash report on written request and upon payment of required fee to any person directly concerned in the accident or having a proper interest therein, including:

Select the qualification that entitles you to the requested crash report. Multiple selections are allowed.

- (A) Any person involved in the accident
- (B) The attorney of any person involved in the accident
- (C) A driver involved in the accident
- (D) An employer, parent or legal guardian of a driver involved in the accident
- (E) The owner of a vehicle or property damaged in the accident
- (F) A person who has established financial responsibility for a vehicle involved in the accident in a manner described by TTC Section 601.501, including a policyholder of a motor vehicle liability insurance policy covering the vehicle
- (G) An insurance company that issued an insurance policy covering a vehicle involved in the accident
- (H) An insurance company that issued a policy covering any person involved in the accident
- (I) A person under contract to provide claims or underwriting information to a person described by Paragraph (F), (G), or (H);
- (J) A radio or television station that holds a license issued by the Federal Communications Commission
- (K) A newspaper that is:
 - i. A free newspaper of general circulation or qualified under Section 2051.044, Government Code, 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
- (L) Any person who may sue because of death resulting from the accident
- (M) An agency of the United States, this state (Texas), or a local government of this state (Texas)
- (N) I do not meet any of the qualifications listed above, however, I certify that I am a person directly concerned in the accident or have a proper interest therein. Please provide an explanation for how you meet this requirement. (Subject to Legal Review)

- (O) I do not meet any of the qualifications listed above. I am not a person directly concerned in the accident and understand that a redacted copy will be provided.

I certify that the information provided above to be true and accurate. I understand that providing false information on this governmental record is a violation of Chapter 37 of the Texas Penal Code and could result in criminal penalties.

Printed Name of Requesting Person or Company Representative

Signature of Requesting Person or Company Representative

CHECK TYPE OF SERVICE DESIRED:

Copy of Peace Officer's Crash Report - \$6.00 each Certified Copy of Peace Officer's Crash Report - \$8.00 each

Please supply all known information, two sections at a minimum

Crash Report #	Crash Date (Month/Day/Year)	Person Involved in Crash (driver, passenger, owner/lessee, pedestrian, pedal cyclist, or property owner)	Accident Location (Street, Highway, Intersection)

FOR STAFF USE ONLY: CR3 Report #: _____ Copy Redacted EID#: _____

Report Sent No Report Report Not Yet Available Date: _____