San Antonio Police Department Crash Report Request

1. Date and time of accident (if known): _________________________________________________________

2. Location of accident (if known): ____________________________________________________________

3. Incident case number (if known): ____________________________________________________________

The San Antonio Police Department must obtain the following information 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), effective 6/18/2015.

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).

Printed Name: ___________________________________________ Date of Birth: __________________

Address: ________________________________________ City: ____________________ State: _____ Zip Code: _________

Perjury is a Class A misdemeanor under Texas Penal Code §37.02 and punishable by a fine not to exceed $4,000, up to a year confinement in jail, or both such fine and confinement.

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

Executed in __________ County, State of _________, on the ________ day of _____________, ________.

____________________________________
Signature

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.

- [ ] I am the driver or any other person involved in the accident.
- [ ] I am the authorized representative of any person involved in the accident.

Please list name of your client:

- [ ] I am the employer, parent, or legal guardian of a driver involved in the accident.

Please list name of driver:

- [ ] I am the owner of a vehicle or property damaged in the accident.

Please provide basic vehicle or property description:

- [ ] I am a person who has established financial responsibility for a vehicle involved in the accident.

- [ ] I am currently a representative or employee of an insurance company that issued an insurance policy covering a vehicle or any person involved in the accident.

- [ ] I am currently a person under contract to provide claims or underwriting information to a person or entity described in the preceding two items.

- [ ] I am currently a representative or employee of a radio station, television, or newspaper.

- [ ] I am a person or entity who may sue because of death resulting from the accident.

- [ ] I do not fall within any of the above categories. I am requesting a redacted crash report.