



WYLIE POLICE DEPARTMENT ACCIDENT REPORT REQUEST FORM
2000 N. HWY 78
WYLIE, TEXAS 75098
972-442-8170 OFFICE / 972-442-8173 FAX

NOTICE TO REQUESTOR:

All requests must be made in writing and may be submitted in person or by mail

The fee for 1 copy of Peace Officer's Crash Report (CR-3) is \$6.00 / certified copy is \$8.00. We accept cash (exact change), check, and debit/credit cards (an additional \$3.00 processing fee will be assessed when using a debit/credit card).

REQUESTOR'S CONTACT INFORMATION *(please print all information)*

DATE: _____ CASE NUMBER (if available): _____

REQUESTOR'S NAME: _____

TELEPHONE NUMBER: _____ E-MAIL: _____

Please certify how you are directly concerned in the motor vehicle accident or have a proper interest therein by checking the applicable box below:

<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist
<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 / person with financial responsibility for 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 that holds FCC license	<input type="checkbox"/> Newspaper (qualified under Section 550.065(c)(4)(K))
<input type="checkbox"/> Legal representative of:	<input type="checkbox"/> Other person concerned or having proper interest in accident	<input type="checkbox"/> None of the above

My name is _____, my date of birth is _____, and my address is _____, USA. I declare under penalty of perjury that the foregoing is true and correct. Executed in _____ County, State of _____, on the ____ day of _____, 20__.

Signature

ACCIDENT INFORMATION *(please print all information)*

1. DRIVER'S NAME: _____ DATE OF ACCIDENT: _____

3. LOCATION OF ACCIDENT: _____

The Wylie Police Department adheres to the requirements of Chapter 550 of the Texas Transportation Code regarding the release of crash report information and any applicable fees.

OFFICE USE ONLY

Released by: _____ Information provided: _____

Method of payment: cash: _____ check #: _____ debit/credit card: _____ receipt #: _____