



# El Paso Police Department

*Dedicated to Outstanding Customer Service for a Better Community  
Service ▪ Solutions ▪ Success*

**Records Division**  
911 N. Raynor Street  
El Paso, TX 79903  
Phone: (915) 212-4267  
(mail request to the above address and include \$6.00 check or money order payable to the City of El Paso)

## Crash Report Request Form

*Please Print*

Case Number	Date of Crash	Location of Crash
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**Upon payment of the required fee(s), Crash Reports will be released in accordance with TX Transportation Code § 550.065 to person(s) directly concerned in the accident or having a proper interest therein, including:**

**Select all qualification(s) that entitles(s) you to the requested report:**

<input type="checkbox"/> Any person involved in the accident.	<input type="checkbox"/> Authorized Representative of any person involved in the accident	<input type="checkbox"/> Driver involved in the accident <b>Name:</b>
<input type="checkbox"/> An employer of a driver involved in the accident.	<input type="checkbox"/> A parent or legal guardian of a driver involved in the accident.	<input type="checkbox"/> The owner of a vehicle or property damaged in the accident
<input type="checkbox"/> A person who has established financial responsibility for a vehicle involved in the accident in a manner described by Section 601.051, including a policyholder of a motor vehicle liability insurance policy covering the vehicle.		
<input type="checkbox"/> An insurance company that issued an insurance policy covering a vehicle involved in the accident	<input type="checkbox"/> An insurance company that issued a policy covering any person involved in the accident	<input type="checkbox"/> A person under contract to provide claims or underwriting information to a person described by paragraph (F), (G) or (H)
<input type="checkbox"/> A radio or television station that holds a license issued by the FCC.	<input type="checkbox"/> A newspaper that is: A free newspaper of general circulation or qualified under Sec 2051.044, Government Code, to publish legal notices. Published at least once a week and available and of interest to the general public in connection with the dissemination of news.	
<input type="checkbox"/> Any person who may sue because of death resulting from the accident.		
<input type="checkbox"/> I do not meet any of the qualifications set forth above and request a redacted report.		

**I certify that I meet the requirements of the TX Transportation Code § 550.065 (c) (4) to receive a copy of the requested crash report. I understand that providing false information on this governmental record is a violation of Texas Penal Code §37.10 which could result in criminal penalties.**

Name of Requestor	Date of Request
Street Address/City/Zip Code	Phone Number (w/area code)
Signature <i>(No signature required if request is for a redacted report)</i>	Agency/Organization

### Departmental Use Only

Request Checked by (ID)	Date Checked
Completed by (ID)	Number of Pages
Date Completed	
Notes	