

CITY OF BEAUMONT POLICE DEPARTMENT
RECORDS MANAGEMENT UNIT
ACCIDENT REPORT REQUEST FORM

Phone: 409-880-3817

Fax: 409-880-1010

Email: P2CPolice@CI.Beaumont.TX.Us

TO: BEAUMONT POLICE DEPARTMENT - RECORDS MANAGEMENT

Today's Date:
Fecha De Hoy:

Pursuant to Texas Transportation Code Section 550.065, release of accident reports, I am requesting a copy of the accident report (CR-3) prepared by the Beaumont Police Department in regard to the following accident:

Case Number:
Numero de Caso:

Date of Accident:
Fecha del Accidente:

Name of ANY person involved in the accident:
Nombre de la persona involucradas en

Specific location of the accident:
Ubicacion del Accidente:

NOTE: Any person requesting a copy of an accident report must provide at least two (2) of the above three (3) fields of information to be able to obtain the report. The fee for a copy of the officer's report is \$6.00 (free for the owner/driver) and may be certified for an additional \$2.00.

Cualquier persona que solicite una copia de un reporte de accidente tiene que contestar/lllenar al menos dos de los tres campos de informacion para poder obtener una copia del reporte de accidente. Es \$6.00 por una copia del reporte de accidente.

* I hereby agree to pay the costs, as established by state law, related to producing these records.

* Por la presente acepto pago de las costas, segun lo establecido por la ley del estado relacionados con produccion de estos registros.

Print Your Name:
Escriba tu Nombre:

Signature:
Firme:

Address:
(Street, City, State, Zip)
Calle de la direccion:
(Ciudad, Estado, y Codigo postal)

Telephone number:
Numero del telefono: