REQUEST FOR COPY OF PEACE OFFICER'S ACCIDENT REPORT  
(Please Submit in Duplicate)  
(Mail To: Accident Records Bureau, Texas Department of Public Safety, P.O. Box 15999, Austin, Texas  78761-5999)  
MAKE CHECK OR M.O. PAYABLE TO : TEXAS DEPARTMENT OF PUBLIC SAFETY

CHECK TYPE OF SERVICE DESIRED:  
☐ Copy of Peace Officer's Accident Report - $6.00 each  
☐ Certified Copy of Peace Officer's Accident Report - $8.00 each

DATE OF REQUEST ___________________________ CLAIM OR POLICY NO. _______________________

Transportation Code, Sec.550.065. RELEASE OF ACCIDENT REPORTS. (b) Except as provided by Subsection (c), an accident report held by the department is privileged and for the confidential use of: the department; and an agency of the United States, this state, or a local government of this state having use for the report for accident prevention purposes. (c) allows release of an accident report on written request and payment of required fee: (4) a person who provides the department or law enforcement agency with two or more of the following: date of the accident; the name of any person involved; the specific location of the accident.

PLEASE PROVIDE AS ACCURATE AND COMPLETE INFORMATION AS POSSIBLE.

ACCIDENT DATE  
MONTH  DAY  YEAR

ACCIDENT LOCATION  
COUNTY  CITY  STREET OR HIGHWAY

WAS ANYONE KILLED IN THE ACCIDENT?  
If so, name of one deceased ______________________

INVESTIGATING AGENCY AND/OR OFFICER'S NAME (IF KNOWN) ______________________

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<tr>
<th>DRIVER’S FULL NAME</th>
<th>DRIVER INFORMATION (if available)</th>
<th>ADDRESS (if available)</th>
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<tr>
<th>PASSENGER’S FULL NAME</th>
<th>PEDESTRIAN or PEDALCYCLIST (if available)</th>
<th>ADDRESS (if available)</th>
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• Texas Statute allows the investigating officer 10 days in which to submit his/her report.  
• Requests should not be submitted until at least 10 days after the accident date to allow time for receipt of the report.  
• The Law also provides that if an officer’s report is not on file when a request for a copy of such report is received, a certification to that effect will be provided in lieu of the copy and the fee shall be retained for the certification.

Mail to _____________________________________________
Mailing address ________________________________________________________
City ___________________ State __________________ Zip ________________
Requested by ___________________ Phone # __________________

FOR DPS USE ONLY -  
Date Received _______________ Receipt No. _______________ Clerk _______________

☐ Report Sent Date _______________ Clerk _______________

☐ Report not on file Date Searched _______________ Clerk _______________