REQUEST FOR COPY OF DRIVER'S ACCIDENT REPORT
FORM ST-2 (BLUE FORM)

(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 Driver's Accident Report - $6.00 each
☐ Certified Copy of Driver'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.

<table>
<thead>
<tr>
<th>ACCIDENT DATE</th>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCIDENT LOCATION</td>
<td>COUNTY</td>
<td>CITY</td>
<td>STREET OR HIGHWAY</td>
</tr>
<tr>
<td>WAS ANYONE KILLED IN THE ACCIDENT?</td>
<td>If so, name of one deceased</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRIVER'S FULL NAME</th>
<th>DRIVER INFORMATION (If available)</th>
<th>ADDRESS (If available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL NAME</td>
<td>DATE OF BIRTH</td>
<td>TEXAS DL NUMBER</td>
</tr>
<tr>
<td>PASSENGER'S FULL NAME</td>
<td>PEDESTRIAN or PEDALCYCLIST FULL NAME (circle one)</td>
<td>ADDRESS (If available)</td>
</tr>
</tbody>
</table>

- Texas Statute allows the operator of a vehicle 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 operator'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 ________________