



## University Park Police Department Accident Request Form

Today's Date: \_\_\_\_\_

### REQUESTOR INFORMATION

Name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Service Number (if known): \_\_\_\_\_

*\*Please provide two or more of the following, as directed by Section 550.065(c), Texas Transportation Code.*

### ACCIDENT INFORMATION

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Driver/Person Involved: \_\_\_\_\_

#### Select your involvement in the accident:

(check at least one)

<input type="checkbox"/>	Driver	<input type="checkbox"/>	Passenger	<input type="checkbox"/>	Pedacyclst	<input type="checkbox"/>	Pedestrian
<input type="checkbox"/>	Employer of Driver	<input type="checkbox"/>		<input type="checkbox"/>	Parent/Legal Guardian of driver		
<input type="checkbox"/>	Owner of vehicle/prop. damaged	<input type="checkbox"/>		<input type="checkbox"/>	Policyholder of vehicle		
<input type="checkbox"/>	Insurance company of vehicle or person invovled						
<input type="checkbox"/>	Courier Service for insurance company						
<input type="checkbox"/>	Radio/Television Station (FCC Licensed)	<input type="checkbox"/>			Other (will receive redacted copy)		
<input type="checkbox"/>	Newspaper (Qualified to publish legal notices)						
<input type="checkbox"/>	Legal Representative of:						

**There is a \$2.00 charge for a copy of an accident report. Please select payment type:**

CASH     CHECK     CREDIT/DEBIT

**WARNING: Under Section 730.015 of the Transportation Code, a person who requests the disclosure of personal information from an agency's records under this chapter and misrepresent the person's identity or who makes a false statement to the agency on an application required by the agency under this chapter commits a Class A Misdemeanor**