



McAllen Police Department
P.O. Box 220, McAllen, Texas 78505-0220

Crime Records Bureau
PH: (956) 972-7320/F: (956) 972-7321

Accident Report Request Form

Dear Requestor,

Please know that Texas Transportation Code, Chapter 550.065 in part provides that
“(c) On written request and payment of any required fee, the department or the governmental entity shall release the information to:

...

- (4) A person who provides the department or governmental entity with two or more of the following:
 - a. The date of the accident; or
 - b. The specific address or the highway or street where the accident occurred,
 - c. The name of any person involved in the accident”.

<u>CASE NUMBER</u>	<u>DATE</u>	<u>LOCATION</u>	<u>PARTY INVOLVED</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

The cost per accident report is \$6.00 dollars. Your request will be filled as promptly as possible. Please provide the information requested below.

Requestor _____ Date: _____

Business Name (if applicable) _____

Address _____ City _____ Phone _____