The McAllen Police Department adheres to the requirements of Chapter 550 of the Texas Transportation Code regarding the release of crash report information and any fees charged. Upon written request and payment of any required fees, the department will provide a copy of the crash report. Due to the volume of requests, the information may or may not be available at the time requested. If this should occur, the information will be released at the earliest convenience [Tx Government Code, Chapter 552].

Date of Request: [Fecha de Solicitud]	
Crash Report Requested: Copy of Crash Report (\$6.00 ea) Certified Crash Report (\$8.00 ea)	
Crash Report Requestor	
Requestor's Name: [Nombre/Compañía]	
Mailing Adress: (Dirección Postal) Address/City/State/Zip	
Telephone #/Fax#: (# de teléfono o fax)	Email:
REQUESTOR is: [Check applicable]	
-	nt [Pasajero(a]] Pedestrian [Peaton] Pedacyclist [Bicicletista]
Parent/Legal Guardian Employ	
☐ Insurance Co of Vehicle ☐ Insurance Co of Person ☐ Underwriter for Insurance Co ☐ Radio/Television (FCC licensed)	
	Authorized Representative of:
Other	
Crash Report Information [Detalles del accidente]	
Case#: [#de expediente]	Date/Time of Accident: [Fecha y Hora de accidente]
Location of Accident: [direccion de accidente]	Name of Person Involved: [Nombre de persona involucrada]
► Crime Records Bureau Use Only:	
SAC Receiving Request/ID#: SAC Releasing Request/ID#: Release Date:	
Type of Accident Released: As is Authorized Version Redacted Version	
Comments:	