☐ Report not yet completed.

□ Report complete

☐ Other:

 $209\ LEMONWOOD\ DRIVE\ \bullet\ CASTLE\ HILLS,\ TEXAS\ 78213-2410\ \bullet\ (210)\ 342-2341\ \bullet\ FAX\ (210)\ 342-5358$

•	T =		
CASTLE HILLS POLICE DEPT.	Case Number (if availa	able):	
REQUEST FOR POLICE REPORT			
Location of Incident:	Date of Incident:	Times:	☐ AM ☐ PM
Name of Person Involved in Incident: (PRINT)		<u> </u>	
Address:		Type of Report:	Traffic Accident Other
Requested By: (PRINT)		Briefly Descirbe C	Other:
Address: (FOR MAILING PURPOSES)			
Phone Number:			
Person Involved Lawyer Insurance C Employer of Involved Parents/Legal Guardian Lean Holde Insurance C Media No Connec	Lean Holder of Vehicle Insurance Company volved Media Guardian No Connection		
	The Box To The Right)		
ALL INFORMATION	N MUST BE COM	PLETE AND CORR	ECT
NOTE: Requests for accident reports requests number: 1. Name of person involved in the acc 2. Exact location of the accident 3. Exact date of the accident Only two reports per request		e following three iter	ms, even if you present a
Reports are available 5-7 business days afto	er incident		
Perjury is a Class A misdemeanor under Texa a year confinement in jail, or both such fine a		nd punishable by a fin	ne not to exceed \$4,000, up to
declare under penalty of perjury that the fore	egoing answers are tru	e and correct.	
Executed in County, State of	, on the	day of	
Signature			
Records Response:			
☐ Request Incomplete. (Please prov	ide the information i	n the high-liahted fie	lds)
☐ Report available at court clerks' o			,