

				request a	copy of accident report
	(print full name	e)			
number				for the re	ason listed (check below)
(□)	I was in the accide	nt			
(□)	My property was damaged in the accident				
(□)	I was injured in the accident				
(□)	My minor child was injured in the accident				
(□)	I witnessed the accident				
(□)	\Box) I am an attorney for one of the parties involved in the accident				
(□)	Other (explain)				
Signature of Recipient					Date
Signature of Custodian Releasing Record					Date
		Troop	Post #	Unit	Location

DPS # 536 (7/99)