

l				_ request a	copy of accident report	
	(print full nam	e)				
number				for the re	ason listed (check below	
(□)	I was in the accide	ent				
	My property was damaged in the accident					
(□)	I was injured in the accident					
(□)	My minor child was injured in the accident					
(□)	(\Box) 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)