

**REQUEST FOR COPY OF DRIVER'S ACCIDENT REPORT
FORM ST-2 (BLUE FORM)**

(Please Submit in Duplicate)

(Mail To: Accident Records Bureau, Texas Department of Public Safety, P.O. Box 15999, Austin, Texas 78761-5999)

MAKE CHECK OR M.O. PAYABLE TO : TEXAS DEPARTMENT OF PUBLIC SAFETY

CHECK TYPE OF SERVICE DESIRED:

Copy of Driver's Accident Report - \$6.00 each

Certified Copy of Driver's Accident Report - \$8.00 each

DATE OF REQUEST _____

CLAIM OR POLICY NO. _____

Transportation Code, Sec.550.065. **RELEASE OF ACCIDENT REPORTS.** (b) Except as provided by Subsection (c), an accident report held by the department is privileged and for the confidential use of: the department; and an agency of the United States, this state, or a local government of this state having use for the report for accident prevention purposes. (c) allows release of an accident report on written request and payment of required fee: (4) a person who provides the department or law enforcement agency with two or more of the following: date of the accident; the name of any person involved; the specific location of the accident.

PLEASE PROVIDE AS ACCURATE AND COMPLETE INFORMATION AS POSSIBLE.

ACCIDENT DATE _____ MONTH DAY YEAR			
ACCIDENT LOCATION _____ COUNTY CITY STREET OR HIGHWAY			
WAS ANYONE KILLED IN THE ACCIDENT? _____ If so, name of one deceased _____			
DRIVER'S FULL NAME	DRIVER INFORMATION (If available)		ADDRESS (if available)
	DATE OF BIRTH	TEXAS DL NUMBER	

PASSENGER'S FULL NAME	PEDESTRIAN or PEDALCYCLIST FULL NAME (circle one)	ADDRESS (if available)

- Texas Statute allows the operator of a vehicle 10 days in which to submit his/her report.
- Requests should not be submitted until at least 10 days after the accident date to allow time for receipt of the report.
- The Law also provides that if an operator's report is not on file when a request for a copy of such report is received, a certification to that effect will be provided in lieu of the copy and the fee shall be retained for the certification.

Mail to _____
Mailing address _____
City _____ State _____ Zip _____
Requested by _____ Phone # _____

FOR DPS USE ONLY

Date Received _____ Receipt No. _____ Clerk _____

Report Sent Date _____ Clerk _____

Report not on file Date Searched _____ Clerk _____